

# Medical Economics

Published every other Monday • Issue of June 5, 1961

Who says Blue Shield is the doctors' plan?

How to get more out of your landlord

Don't split your liability insurance

M

DOES THE DOCTOR NEED YOUR MONEY?

JUN JUNK ONE-MIN-LIBRARY  
JUN 9 1981

A new column by Dr. E. R. Annis starts in this issue

look at all the 'special risk'  
patients who can use

# TENUATE

diethylpropion

(the anorexic with **no**  
reported contraindications)



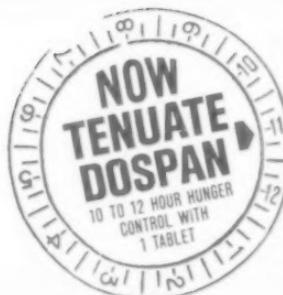
hunger control with less than 1% CNS stimulation

**Dosage:** One 25 mg. Tablet one hour before meals, or 1 new TENUATE DOSPAN Tablet (75 mg.) daily, in midmorning, swallowed whole. An additional 25 mg. Tablet may be taken in midevening to control nighttime hunger.

**Supply:** TENUATE Tablets (25 mg. each), bottles of 100 and 1000; TENUATE DOSPAN Tablets (75 mg. each), bottles of 100.



THE WM. S. MERRELL COMPANY  
Division of Richardson-Merrell Inc.  
Cincinnati, Ohio • Weston, Ontario



TRADEMARKS: TENUATE® (DIETHYLPROPION), DOSPAN® (MERRELL'S CONTINUOUS RELEASE DOSAGE FORM).

COM  
nat  
Soc  
the  
twe  
ove  
com  
8,0  
due

DON  
D.O.  
sid  
has  
each

YOU  
fast  
cov  
have  
Ser  
doub  
Secu

YOU  
be s  
rec  
to c  
fooo

Copyright

XUM

# What's ahead for you

*Medical Economics, June 5, 1961*

COMPULSORY A.M.A. MEMBERSHIP may become a national issue soon. Eleven state medical societies have required for some time that their members join the A.M.A. But when a twelfth state—New York—did so recently, it overrode the objections of two of its biggest components—Manhattan and Brooklyn. Now nearly 8,000 New York M.D.s must start paying A.M.A. dues or get out of their state society.

---

DON'T EXPECT CALIFORNIA'S MERGER of M.D.s and D.O.s to succeed without a fight. Though both sides in the state have O.K.'d it, the A.O.A. has assessed 10,000 non-California members \$35 each to finance an anti-merger court battle.

---

YOUR SOCIAL SECURITY CREDITS may accumulate faster than you think if Congress extends coverage to self-employed M.D.s. Many already have some such credits because of military service or salaried jobs. If you're in doubt about your status, write to the Social Security Administration, Baltimore 35, Md.

---

YOUR TAX DEDUCTIONS for entertainment may soon be severely pruned. If recent Administration recommendations become law, you won't be able to deduct more than \$7 per guest per day for food and beverages and \$10 per donee for

...What's ahead for you

business gifts. And any deductions for country club dues, yachts, theatre parties, hunting lodges, and swimming pools will be killed.

---

LOOK FOR CONTINUED SUPPORT for the Kerr-Mills program, despite Administration efforts to downgrade this Federal-state aid for the aged. Senator Kerr (D., Okla.) recently reassured doubters that he'd do all he could "to maintain the integrity of the present legislation."

---

A TAX CUT NEXT YEAR? That's what Treasury Secretary Dillon has told the House Ways and Means Committee he's hoping for. If the break comes, the top tax rate may be slashed from 91% to 65%, with smaller cuts in lower brackets.

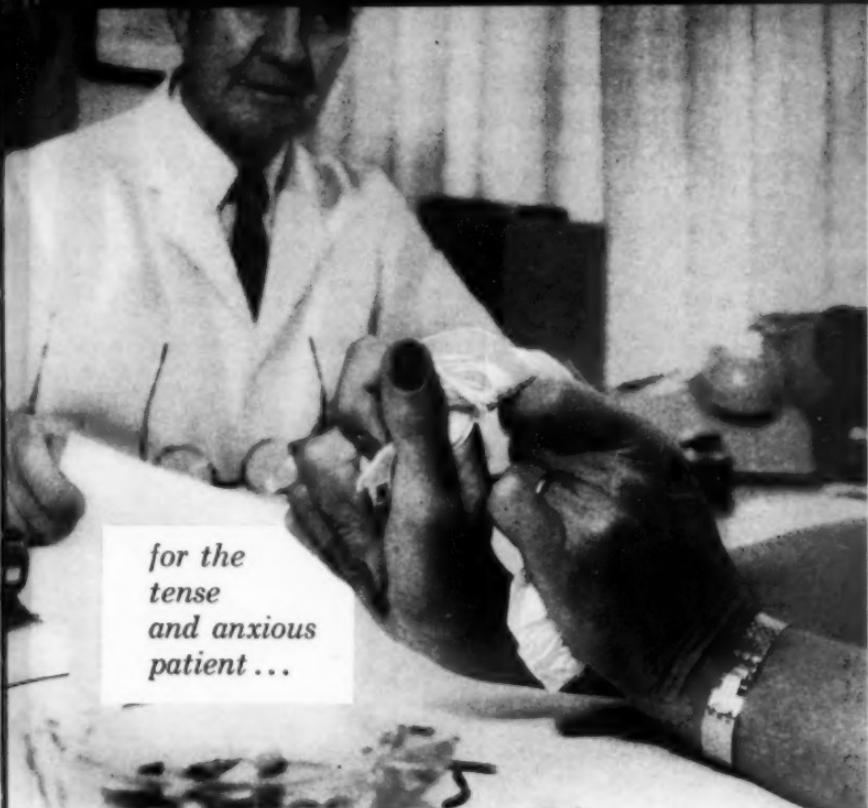
---

TIME IS RUNNING OUT for the Social Security-paid health care bill to be voted on by Congress this year. Although the House Ways and Means Committee has scheduled hearings on the bill, it can't do so before late June. That may leave too little time for Congress to act.

---

YOU HAVE UNTIL JULY 1 to reregister under the Harrison Narcotic Act and pay the \$1 tax to your District Director of Internal Revenue. If you don't, you may be fined \$50.

---



*for the  
tense  
and anxious  
patient ...*

## the only sustained-release tranquilizer that does not cause autonomic side reactions

- SAFE, CONTINUOUS RELIEF of anxiety and tension for 12 hours with just one capsule—without causing autonomic side reactions and without impairing mental acuity, motor control or normal behavior.
- ECONOMICAL for the patient—daily cost is only a dime or so more than for barbiturates.

### Meprospan®-400

400 mg. meprobamate (Miltown®) sustained-release capsules

**Usual dosage:** One capsule at breakfast lasts all day; one capsule with evening meal lasts all night.

**Available:** Meprospan-400, each blue-topped capsule contains 400 mg. Miltown (meprobamate). Meprospan-200, each yellow-topped capsule contains 200 mg. Miltown (meprobamate). Both potencies in bottles of 30.

 WALLACE LABORATORIES / Cranbury, N. J.

CHE-4235

# 135 tiny doses mean smoother steroid therapy...

In the relatively acid medium of the fasting stomach, Medrol Medules remain essentially intact — only 5% of the Medrol content is released after 2 hours at pH 1.2. However, in the environment of the duodenum (approaching a pH of 7.5), from 90 to 100% of the Medrol is released over a period of 4 hours.

Slow Release

Slow Absorption

Sustained Action



Each capsule contains:  
Medrol (methylprednisolone) . . . 4 mg.  
Supplied in bottles of 30  
and 100.

COPYRIGHT 1961, THE UPJOHN COMPANY  
The Upjohn Company, Kalamazoo, Michigan

## in acute allergic disorders:

Judged to be "a nearly ideal formulation,"<sup>1</sup> Medrol Medules gave good to excellent results in 25 of 28 children with various acute allergic disorders. "There were no serious side effects and minor complaints were reported in only two patients."<sup>1</sup> The author also found that "there is a definite advantage for Medrol Medules inasmuch as much smaller doses seem able to produce full clinical relief. . . ."<sup>1</sup>

### Indications and effects

Medrol benefits (anti-inflammatory, antiallergic, antirheumatic, anti-leukemic, antihemolytic) have been demonstrated in acute rheumatic carditis, rheumatoid arthritis, asthma, hay fever and allergic disorders, dermatoses, blood dyscrasias, and ocular inflammatory disease involving the posterior segment.

### Precautions and contraindications

Because of Medrol's high therapeutic ratio, patients usually experience dramatic relief without developing such possible steroid side effects as gastrointestinal intolerance, weight gain or weight loss, edema, hypertension, acne, or emotional imbalance.

As in all corticotherapy, however, there are certain cautions to be observed. The presence of diabetes, osteoporosis, chronic psychotic reactions, predisposition to thrombophlebitis, hypertension, congestive heart failure, renal insufficiency, or active tuberculosis necessitates careful control in the use of steroids. Like all corticosteroids, Medrol is contraindicated in patients with arrested tuberculosis, peptic ulcer, acute psychoses, Cushing's syndrome, herpes simplex keratitis, vaccinia, or varicella.

J. Dugger, J. A.: J. Michigan M. Soc., 59:1812 (Dec.) 1960.

# Medrol® Medules†

Upjohn

\*Trademark, Reg. U. S. Pat. Off.

†Trademark

# Medical Economics

National business magazine for physicians, June 5, 1961

## Contents

- What's ahead 1. Annis-at-large 15. Letters 39. Professional briefs 179.**  
**Financial briefs 237. Memo from the editorial director 280.**

### *Your leisure:*

#### **Here's a vacation suggestion: Charter a yacht. 49**

If a cruise is your vacation dish, you don't have to buy a boat. You'll save money by chartering one, says this yachting expert, who tells you where to look, what you can get, and how much it will cost

### *Your associates:*

#### **Does the A.M.A. heed YOUR views? 76**

It probably does—according to this survey—on at least seven major issues out of ten. Doctors who aren't satisfied with this record feel they're inadequately represented and suggest some changes

### *Your hospital:*

#### **Hospital's patients get à la carte meals. 85**

### *Your practice:*

#### **What it's like to practice in your home town. 86**

Are you nostalgic for the old, familiar surroundings? Do you ever think of going back? First, read what experienced 'native sons' say

---

Copyright © 1961 by Medical Economics, Inc. All rights reserved under Universal and Pan-American Copyright Conventions. Published every other Monday at Oradell, N.J. Vol. 38, No. 12. Price 60 cents a copy, \$12.50 a year (Canada and foreign, \$15). Circulation, 178,500 physicians in private practice. Address all editorial and business correspondence to MEDICAL ECONOMICS, Oradell, N.J. For change of address, use form on page 135. Picture credits: cover, 76, 77, B.H. Series 15, Ledale & Kohn; 17, Chon Day; 49, 54, F.P.G.; 56, George Annand; 62, George Gately; 83, Vance Bristow; 86, 87, Pazorski, Pix; 89, Wherrett, Pix; 97, Gilles, Pix; 100, Courtesy of Standard Oil Company of N.J.; 102, Courtesy of Pan-American Petroleum Corporation; 104, Glenn Zulauf; 109, Parks, Pix; 112, Charles Rodrigues; 114, 115, Courtesy of Lensman Hospital Trust, Ltd., Elre; 121, Irving Carsten, Graphic House; 134, Nano, Pix; 150, George Wolfe; 164, 166, 168, Jerry Marcus; 220, Al Kaufman; 242, 243 top, Underwood & Underwood Illustration Studios, bottom, Clifton Wheeler.

## In over six years of clinical use...



**Proven**  
in more than 750 published  
clinical studies

**Effective**  
for relief of anxiety  
and tension

## Outstandingly Safe

- 1** simple dosage schedule relieves anxiety dependably—without the unknown dangers of "new and different" drugs
  - 2** does not produce ataxia, stimulate the appetite or alter sexual function
  - 3** no cumulative effects in long-term therapy
  - 4** does not produce depression, Parkinson-like symptoms, jaundice or agranulocytosis
  - 5** does not muddle the mind or affect normal behavior

CMM-6716

# Miltown®

### Clinical Sample Offer

 **WALLACE LABORATORIES** / Cranbury, N.J.

Dept. M-4, Professional Services Dept.  
Wallace Laboratories, Cranbury, N. J.

Please send me a clinical supply of:  Miltown (400 mg.)  Meprospan®-400  
 Miltown (200 mg.)  Meprospan®-200

Dr. \_\_\_\_\_ (please print)

**Street** \_\_\_\_\_

**City** \_\_\_\_\_ **Zone** \_\_\_\_\_ **State** \_\_\_\_\_

Type of practice \_\_\_\_\_

*Your practice (cont.):*

**Practice management question box. 91**

Doctors ask about: a satisfactory aide with a poor job record; stickers versus collection letters; M.D.-assistants' salaries

**Leaflets for newcomers help them choose M.D. 92**

**TV helps doctors keep medically up-to-date. 93**

*Your fees:*

**Who says Blue Shield is the doctors' plan? 95**

Pennsylvania's precedent-setting Insurance Commissioner recently warned the state medical society to stop dictating Blue Shield policy. Can you expect a similar development in your state?

**Let hard-up patients set their own fees? 99**

*Your investments:*

**Does it pay to dabble in wildcat oil? 100**

Oil exploration, this doctor learned the hard way, is a highly speculative business, but it does offer substantial rewards. Here's how thoughtful investors can minimize the risks

**Watch out for oil land leases: They're tricky! 106**

*Your assistants:*

**Aid for your aide: how to be a good provider. 108**

A physician's office needs a well-stocked 'larder' every bit as much as his home. Addressed to your aide, these tips will help her keep your office—and you—efficiently supplied at all times

*Your specialty:*

**What 251,643 doctors of medicine do. 113**

## a spreading pattern of therapeutic success

A rewarding approach to the emotional and somatic manifestations of anxiety, agitation and tension, Librium therapy is now being utilized in many different areas of general practice. Approximately 3.5 million Librium-treated cases, as well as more than 70 published reports, offer testimony to this spreading pattern of therapeutic success. They corroborate observations, gained over a span of more than three years, that Librium is pharmacologically and clinically in a class by itself.

Librium has been found of value in alleviating anxiety and tension associated with:

- emotional disturbances
- personality disorders
- cardiovascular conditions
- gastrointestinal disorders
- gynecologic disorders
- dermatologic conditions
- psychiatric disorders

## LIBRIUM THE SUCCESSOR TO THE TRANQUILIZERS

LIBRIUM® Hydrochloride—7-chloro-2-methylamino-5-phenyl-3H-1,4-benzodiazepine 4-oxide hydrochloride

Consult literature and dosage information, available on request, before prescribing.



**ROCHE**  
LABORATORIES

Division of Hoffmann-La Roche Inc.

*Your politics:*

**'We need a legalized lottery for medical research!' 114**

Before publishing this article, MEDICAL ECONOMICS asked a number of prominent physicians what they thought about the suggestion. Two-thirds of them rejected the proposal. About one-third saw some merit in the idea. What's your reaction?

*Your insurance:*

**Don't split your liability insurance. 133**

When your public liability and malpractice policies are with different companies, you could become snarled in long and costly litigation in the event you're sued. Here are two cases in point

*Your patients:*

**When a patient marries, do you send a gift? 145**

**Your patients trust you more than other M.D.s. 145**

**Don't let drug addicts pull this on you. 146**

*Your office:*

**How to get more out of your landlord. 152**

Look before you lease! In addition to bargaining about rent and concessions, you should try to knock some jokers out of that landlord's lease—and get some plain talk into it

**Zoning law 'sleeper' may threaten your office. 172**

*Your accounts:*

**Best way to beat embezzlement. 187**

The way to outwit a bookkeeper who juggles the books is to set up a sound system for balancing your accounts receivable. You'll find the system described here not only sound, but simple

# in any rheumatic 'itis'

Schering



## 'hand-itis'

IT MAY BE EARLY RHEUMATOID ARTHRITIS



## 'shoulder-itis'

IT MAY BE CHRONIC BURSITIS



## 'neck-itis'

IT MAY BE MYOFIBROSITIS



## 'ankle-itis'

IT MAY BE EARLY OSTEOARTHRITIS

**The favored corticoid-salicylate compound.** For more effective and comprehensive, yet conservative, treatment than either steroids or salicylates alone...the outstanding anti-inflammatory effect of prednisone<sup>1</sup>...the supportive antirheumatic action of aspirin<sup>2,3</sup>...to bring rapid pain relief and quiet the inflammatory process. SIGMAGEN offers less likelihood of treatment-terminating side effects.<sup>2</sup> SIGMAGEN is available in bottles of 100 and 1000.

|                               |   |          |
|-------------------------------|---|----------|
| METICORTEN® (prednisone)..... | safer, reduced dosage.....                  | 0.75 mg. |
| Acetylsalicylic acid .....    | supportive anti-inflammatory-analgesic..... | 325 mg.  |
| Aluminum hydroxide .....      | a buffer for better toleration .....        | 75 mg.   |
| Ascorbic acid .....           | anti-stress supplementation .....           | 20 mg.   |

**References:** 1. Cohen, A., et al.: *J.A.M.A.* 165:225, 1957. 2. Spies, T. D., et al.: *J.A.M.A.* 159:645, 1955. 3. Stecher, R. M.: Panel Discussion, Ohio M. J. 52:1087, 1956.

# Remission-in any rheumatic 'itis' **Sigmagen®**

XUM

## ...Contents

### *Your profession:*

#### **Can Cuban refugee doctors help your hospital? 201**

A well-organized program is preparing these physicians to do so, as it aids them to meet the requirements of stateside practice

#### **G.P.s may soon be taking their boards. 217**

General practice as a board-certified specialty? Could be. The idea now has A.M.A. backing, and A.A.G.P. members may agree in '62

#### **Do medical P.R. programs pay their way? 227**

### *Your world:*

#### **Excellence: Is it still YOUR goal? 242**

Only by losing yourself in your work can you really fulfill yourself; self-fulfillment, says Author John Gardner, should be a way of life. In this second installment of his book, he calls on us to help shape a society in which everyone has a chance at his own kind of excellence

### *Humor:*

#### **Anecdotes. 84, 90, 94, 107, 141, 208, 225**

#### **Cartoons. 17, 56, 62, 83, 104, 112, 150, 220**

---

### *Coming June 19:*

#### **The hospital cost crisis**

A special issue of ten dramatic articles will spell out for you the financial emergency faced by America's hospitals. You'll learn the reasons for their plight, the probable results, how you are involved, and what you as a doctor can do to help improve their situation.

---

## Notable Success with VISTARIL...

in  
prepartum  
tension  
and  
anxiety



allays anxiety  
without impairing  
ability to cooperate  
during labor  
and delivery<sup>1</sup>

reduces narcotic  
requirements and  
incidence of narcotic-induced  
respiratory depression, helps control  
emesis<sup>1,4</sup>

in the  
cardiac  
or the  
hypertensive  
patient



allays anxiety  
without adverse  
influence on blood  
pressure<sup>2</sup>

helps correct cer-  
tain functional  
arrhythmias, does  
not increase gas-  
tric secretion<sup>3</sup>

in  
problem  
drinkers



allays anxiety—  
makes patient  
more manageable<sup>3</sup>

produces no sig-  
nificant depres-  
sion of blood  
pressure, pulse  
rate, or respira-  
tion. No liver  
involvement  
reported

in  
preoperative  
tension  
and  
anxiety



allays anxiety  
without depres-  
sion of vital func-  
tions<sup>4</sup>

reduces incidence  
of narcotic-in-  
duced respiratory  
depression and  
hypotension, re-  
laxes skeletal  
muscle, smooths  
recovery and  
helps control  
emesis<sup>4</sup>

in  
pediatrics



allays tension  
in agitated, hyper-  
kinetic patients

avoids danger of  
liver damage or  
other untoward  
reactions

**References:** 1. Benson, C., and Benson, R. C.: Scientific Exhibit, Illinois Acad. Gen. Practice, Sept., 1960. 2. Salmons, J. A.: Dis. Chest 38:105, 1960. 3. Major, R. A.: GP 21:104, 1960. 4. Grady, R. W., and Rich, A. L.: Scientific Exhibit, Am. Soc. Anesth., New York, Oct. 4-7, 1960.

*IN BRIEF*

Vistaril is hydroxyzine pamoate. The hydrochloride salt of hydroxyzine is used in the parenteral solution.

Vistaril acts rapidly in the symptomatic treatment of a variety of neuroses and other emotional disturbances manifested by anxiety, apprehension or fear—whether occurring alone or complicating a physical illness. Used preoperatively and prepertum, Vistaril controls anxiety and fear, permits a substantial reduction in the amount of meperidine or other narcotic required for satisfactory analgesia, and helps prevent emesis. Vistaril's calming effect usually does not impair discrimination, and is accompanied by direct and secondary muscle relaxation. No toxicity has been reported with Vistaril, and it has a remarkable record of freedom from reactions.

**INDICATIONS:** Vistaril is clinically effective in anxiety and tension states, senility, anxiety associated with various disease states, alcoholism, pre- and postpartum and pre- and postoperative tension and emesis, certain functional arrhythmias, and pediatric behavior problems.

**ADMINISTRATION AND DOSAGE:** Dosage varies with the state and response of each patient, rather than with weight and should be individualized by the physician for optimum results. *Recommended oral dosage:* In anxiety and tension states, senility, alcoholism, pre- and postoperative and pre- and postpartum tension and emesis: up to 400 mg. daily in divided doses. In anxiety associated with asthma, neurodermatoses, menopausal syndrome, digestive disorders, functional or essential hypertension, tension headaches: 50 mg. q.i.d. initially—adjust according to response. In cardiac arrhythmias: initial—25 mg. q. 6 h. until arrhythmia disappears; maintenance or prophylactic—50-75 mg. daily in divided doses. In pediatric behavior problems under 6 years: 50 mg. daily in divided doses. Six and over: 50-100 mg. daily in divided doses. *Recommended parenteral dosage:* In preoperative, obstetrical, and more emergent situations in other indications: 25-100 mg. I.M. or I.V. q. 4 h., p.r.n. In cardiac arrhythmias: 50-100 mg. I.M. stat, and q. 4-6 h., p.r.n.; maintain with 25 mg. b.i.d. or t.i.d.

**SIDE EFFECTS:** Drowsiness may occur in some patients; if so, it is usually transitory, disappearing within a few days of continued therapy or upon reduction of dosage. Dryness of mouth may be encountered at higher doses.

**PRECAUTIONS:** The potentiating action of hydroxyzine should be taken into account when the drug is used in conjunction with central nervous system depressants. Do not exceed 1 cc. per minute I.V. Do not give over 100 mg. per dose I.V. Parenteral therapy is usually for 24-48 hours, except when, in the judgement of the physician, longer-term therapy by this route is desirable.

**SUPPLIED:** VISTARIL Capsules (hydroxyzine pamoate)—25, 50, and 100 mg. VISTARIL Oral Suspension (hydroxyzine pamoate)—25 mg. per 5 cc. teaspoonful. VISTARIL Parenteral Solution (hydroxyzine hydrochloride)—10 cc. vials, 25 mg. per cc.; 2 cc. ampules, 50 mg. per cc.

for successful  
tranquilization —

# Vistaril®

ORAL/HYDROXYZINE PAMOATE  
PARENTERAL/HYDROXYZINE  
HYDROCHLORIDE

*effectively allays anxiety*

*no reported incidence  
of liver damage,  
respiratory depression  
or addiction*

*exerts helpful  
antiemetic,  
antisecretory,  
antipruritic effects*

Science  
for the world's  
well-being®



PFIZER LABORATORIES

Division,

Chas. Pfizer & Co., Inc.  
Brooklyn 6, New York

More detailed professional information available on request.

**'B. W. & CO.' 'Sporin' Ointments  
rarely sensitize...  
give decisive bactericidal action  
for most every topical indication**

## **'CORTISPORIN'**<sup>®</sup> brand Ointment

Broad-spectrum anti-bacterial action—plus the soothing anti-inflammatory, antipruritic benefits of hydrocortisone.

The combined spectrum of three overlapping antibiotics will eradicate virtually all bacteria known to be found topically.

## **'NEOSPORIN'**<sup>®</sup> brand Antibiotic Ointment

## **'POLYSPORIN'**<sup>®</sup> brand Antibiotic Ointment

A basic antibiotic combination with proven effectiveness for the topical control of gram-positive and gram-negative organisms.

| Contents per Gm.                                    | 'Polysporin' <sup>®</sup>                                   | 'Neosporin' <sup>®</sup>                                    | 'Cortisporin' <sup>®</sup>                           |
|---|---|---|--|
| 'Aerosporin' <sup>®</sup> brand Polymyxin B Sulfate | 10,000 Units  | 5,000 Units   | 5,000 Units  |
| Zinc Bacitracin                                     | 500 Units   | 400 Units   | 400 Units  |
| Neomycin Sulfate                                    | —   | 5 mg.   | 5 mg.  |
| Hydrocortisone                                      | —   | —   | 10 mg.   |
| Supplied:   | Tubes of 1 oz.,<br>½ oz. and ¼ oz.<br>(with ophthalmic tip) | Tubes of 1 oz.,<br>½ oz. and ¼ oz.<br>(with ophthalmic tip) | Tubes of ½ oz. and<br>¼ oz. (with<br>ophthalmic tip) |



**BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, New York**

# Annis-at-large

Medical Economics, June 5, 1961



DR. ANNIS

*Dr. Edward R. Annis, MEDICAL ECONOMICS' newly appointed Editor-at-Large, has emerged as the nation's leading spokesman for private medicine. In this new column, he'll speak directly to doctors, conveying to them what he's learned while debating such public figures as Walter Reuther and Senator Hubert Humphrey on TV—and while addressing lay audiences from coast to coast. For details about Dr. Annis, see page 280.*

## *It's not Social Security!*

In Tulsa, Okla., recently, local doctors arranged for me to address 1,700 lay people, then to speak twice on radio and three times on TV—all in the same day. Later, some doctors asked me what was the toughest part of the day. It wasn't what they thought. It came immediately after the last talk, when a strapping rawboned woman in her sixties walked up to me with her eyes blazing. "How can you possibly be against President Kennedy's health care program for the elderly?" she demanded. "It's simply an extension of Social Security. After twenty-four years, I say it's positively un-American to oppose our Social Security system!"

She was full of fight, I was almost talked out, and for the moment words failed me. Perhaps you've found yourself in the same situation. Perhaps you've been challenged on the same point. If so, maybe you could use my thoughts on it—the thoughts I wish I'd



Upjohn

75th year



HELPS TAKE WEIGHT OFF...PERSISTENTLY

# Didrex®

## Didrex doesn't perform miracles...it just helps the obese patient do it herself.

The reason is simple: persistent, significant loss of weight, up to 30 weeks in reported cases, helps to preclude the "weight plateau" that so often discourages dieters after a few weeks. Thus, time and will become your allies in changing the patient's dietary habits built over months or years of weight accumulation. Didrex may be used in closely supervised diabetic, coronary insufficient, and hypertensive patients.

**References:** 1. Stough, A. R.: Weight loss without diet worry: use of benzphetamine hydrochloride (Didrex). *Journal of the Oklahoma State Medical Association*, 53:760-767 (November) 1960. 2. Oster, M., and Medlar, R.: A clinical pharmacologic study of benzphetamine (Didrex), a new appetite suppressant. *Arizona Medicine*, 17:398-404 (July) 1960. 3. Simkin, B., and Wallace, L.: A controlled clinical trial of benzphetamine (Didrex). *Current Therapeutic Research*, 2:33-38 (February) 1960.

### BRIEF BASIC INFORMATION

**Description:** Didrex is the Upjohn brand of benzphetamine hydrochloride [(+)-N-benzyl-N,  $\alpha$ -dimethylphenethylamine hydrochloride]. A sympathomimetic compound with marked anorectic action and relatively little stimulating effect on the CNS or cardiovascular system.

**Indications:** Control of exogenous obesity.

**Contraindications:** None known to date. However, use with caution in moderate or severe hypertension, thyrotoxicosis, acute coronary disease, or cardiac decompensation.

**Dosage:** Initiate appetite control with  $1/2$  to 1 tablet (25 to 50 mg.) in mid-morning or mid-afternoon, according to the patient's eating habits for several days. Then "adjust" dosage to suit each patient's needs to a maximum of 3 tablets daily (150 mg.).

**Side Effects:** No effects on blood, urine, renal or hepatic functions have been noted. Minimal side effects have been observed occasionally: dry mouth, insomnia, nausea, palpitations and nervousness.

**Supplied:** 50 mg., benzphetamine hydrochloride, press-coated, scored tablets, bottles of 100 and 500.

\*Trademark - brand of benzphetamine hydrochloride, Upjohn.

been able to convey before the woman disappeared in the crowd.

"Simply an extension of Social Security," she'd said. But it just isn't so. Social Security went into effect in 1937 as a means of giving more income to retired people. It provided the extra dollars that our older folks needed to buy food, clothing,

shelter, and health care. As inflation made these basic necessities more costly, Social Security was amended to provide still more dollars. But always dollars—never the necessities themselves. The elderly were left free to spend their dollars as they thought best.

President Kennedy's health program would depart radically



"Now that that's over, let's grab the Manual and get out of here."

all it takes  
for sustained  
protection  
in asthma



all-day  
and  
all-night relief  
from  
asthma  
symptoms

New

*One tablet on arising*—protects through the working day, virtually eliminates the need for emergency medication

*One tablet 12 hours later*—lets the patient sleep, reduces the need for middle-of-the-night emergency medication

# Tedral® SA

*Sustained Action antiasthmatic*

New Tedral SA protects against bronchial constriction and reduces mucous congestion throughout the day and night, increases vital capacity and ability to exhale, reduces the frequency and severity of asthmatic attacks. Patients get the benefits of sustained protection with the convenience of b.i.d. dosage. New Tedral SA is particularly indicated for patients who need continuous medication over prolonged periods.

**RECOMMENDED ADULT DOSAGE:** 1 tablet on arising and 1 tablet 12 hours later.

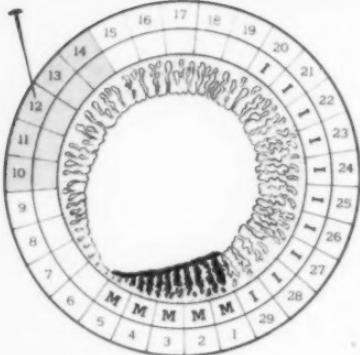
**PRECAUTIONS:** Tedral SA should be used with caution in patients with cardiovascular disease and/or severe hypertension, circulatory collapse, hyperthyroidism, prostatic hypertrophy or glaucoma. Phenobarbital in the formula may be habit forming.

**EACH TABLET CONTAINS:** Theophylline....180 mg.; Ephedrine HCl....48 mg.; Phenobarbital....25 mg.

Tedral SA is available to your patients on prescription only.

makers of Tedral Gelusil Mandelamine Peritrate Proloid





*pinpoint the fertile phase  
the easy, accurate way....*

## FERTILITY TESTOR and newly stabilized, foil-wrapped FERTILITY TAPE

Indicates fertile phase accurately. Especially useful when patients can not conceive, or pregnancy must be postponed.

Glucose in mucus from cervix found during fertile phase changes tape color from pink to blue. Test is acceptable to all faiths. Color change . . . usually occurs from one to three days prior to ovulation . . . and usually persists from one to four days after ovulation.\*

- After physician's demonstration, patient can test at home;
- Indicates infrequent or irregular fertile days and double ovulation; contains no tondine, orthotondine, benzidine or its derivatives.

I. Doyle, J. B., Ewers, F. J. and Sapit, D.: The New Fertility Testing Tape, J.A.M.A. 172:1944 (April 16), 1960.



Weston Laboratories  
861 Blanchard Street, Ottawa, Illinois

Weston Laboratories, Inc.

864

Please send a sample and further information regarding Fertility Testor and Fertility Tape

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

...Annis-at-large

from this principle. It would try to supply the necessities themselves—and not those of the beneficiaries' choice. Certain limited hospital, nursing-home, and homemaker services would be bought by the Government and given to the aged.

But this isn't Social Security. If anyone thinks it is, let him apply President Kennedy's proposal to the other necessities. Take food:

Under Social Security, the elderly get dollars they can use to buy the food they prefer. Under the proposed perversion of Social Security, they'd get food itself—but only the food specified by Washington. Can you imagine the pained outcries from vegetarians, steak-lovers, and seafood-haters? Can you imagine many Americans letting the Government pick their menus? Or their clothing? Or their housing? Or, for that matter, their health services?

I say it's positively un-American not to oppose this idea. Social Security isn't the issue here, and it's time we let everyone know it. A true extension of Social Security would give re-

tired  
which  
and  
hospi  
as an  
dent  
this.  
Socia  
taxin

Soc  
what  
one o  
not. P

An  
Ar  
En

No  
tive  
tha  
cou

Vi  
wi

I  
cati

C  
pub

ei

turn

with

con

Ane

ECON

Medica

tired people more dollars with which to buy health insurance and pay drug bills, doctors, or hospitals—or to buy better food as an aid to better health. President Kennedy isn't proposing this. He's proposing to use the Social Security mechanism as a taxing device and nothing more.

So call his health program what you will, but don't let anyone call it Social Security. It's not. END

**Amusing . . .  
Amazing . . .  
Embarrassing . . .**

No doubt one of these adjectives describes some incident that has occurred in the course of your practice.

Why not share the story with your colleagues?

If it's accepted for publication, you'll receive \$25-\$40.

Contributions must be unpublished. They cannot be either acknowledged or returned. Those not accepted within ninety days may be considered rejected. Address: Anecdote Editor, MEDICAL ECONOMICS, Oradell, N.J.



**For patients who object  
to a mineral oil "taste"  
in a laxative**

**new  
chocolate  
*Zymenol*<sup>®</sup>**

**is the answer  
because it has...**

1. a delicious Chocolate flavor
2. no mineral oil regurgitation
3. no irritant laxative drugs and is sugar free
4. same therapeutic effectiveness as regular "ZYMEOL" prescribed by doctors for over 25 years.

A NICHOLAS **N** PRODUCT

NICHOLAS-GLIDDEN LABORATORIES • WAUKESHA, WISCONSIN



NOW!  
STEAM AND DRY  
STERILIZATION  
IN A  
SINGLE  
UNIT!

# OMNI-CLAVE

THE AMAZING NEW 2-IN-1 AUTOCLAVE  
ANOTHER REMARKABLE INNOVATION

BY PELTON & CRANE

Save money! Save time! Save precious space! OMNI-CLAVE, the ONLY dual-purpose unit on the market today, gives you BOTH steam and dry sterilization in a single-chamber autoclave. Thoroughly tested by Pelton & Crane for trouble-free performance, OMNI-CLAVE is low in cost, most economical in up-keep, easy to operate . . . and it eliminates the need for an extra piece of equipment.

*Ask your dealer to demonstrate  
the versatile new OMNI-CLAVE  
and note these other significant benefits:—*

- Single-knob action sets pressure and temperature
- Reaches pressure in 10 minutes from a cold start; in less than 4 minutes on successive cycles
- Condenses steam returning it to reservoir for re-use
- Accommodates up to 3 trays, instruments up to 13 inches in length in the chamber which is 7" x 14"
- Forged bronze door with positive locking action
- OMNI-CLAVE feet are adjustable to compensate for varying cabinet depths

*For new leaflet describing OMNI-CLAVE, Model OCM, write to:*



*the Pelton & Crane company*

*Fine Professional Equipment Since 1900*

P. O. Box 3664 • CHARLOTTE 3, NORTH CAROLINA

Editor  
Editor  
Executive  
Manager  
Editor  
Senior  
Art Director  
Consumer  
Alfred  
Senior  
Associate  
A. Robert  
Howard  
Assistant  
Editor  
Art Producer  
Assistant  
Art Assistant  
Product  
  
BPA  
  
Publisher  
Sales Manager  
Research

# Medical Economics

June 5, 1961

*Editorial Director:* William Alan Richardson

*Editor:* R. Cragin Lewis

*Executive Editor:* Horace Cotton

*Managing Editor:* Lewis A. Miller

*Editor-at-Large:* Edward R. Annis, M.D.

*Senior Editors:* William N. Jeffers, Herbert H. Kauffman, Arthur M. Owens

*Art Director:* William L. Serio *Administrative Editor:* John A. Nalley

*Consulting Editors:* David Beck, M.D., Henry A. Davidson, M.D.,

Alfred P. Ingegno, M.D., Irving M. Levitas, M.D.

*Senior Associate Editors:* Robert L. Brenner, Garrett Oppenheim

*Associate Editors:* Pearl Barland, Elizabeth F. Bullis, Stephen B. Espie, A. Robert Ferguson, Paull M. Giddings, Marguerite S. Hecking, John F. Kirk, Howard R. Lewis, Jean Pascoe, Richard P. Pratt, Ann Weeks, Ethel R. Wood

*Assistant Editors:* Jane A. Blood, Rose E. Callahan, Janet C. Whitehead

*Editorial Assistants:* Barbara E. Kerr, Trudy A. Naef

*Art Production Manager:* Joseph Coleman

*Assistant Art Director:* William J. Kuhn

*Art Associates:* Dominick Cirri, Ruth Dash, Gary L. Hoedemaker

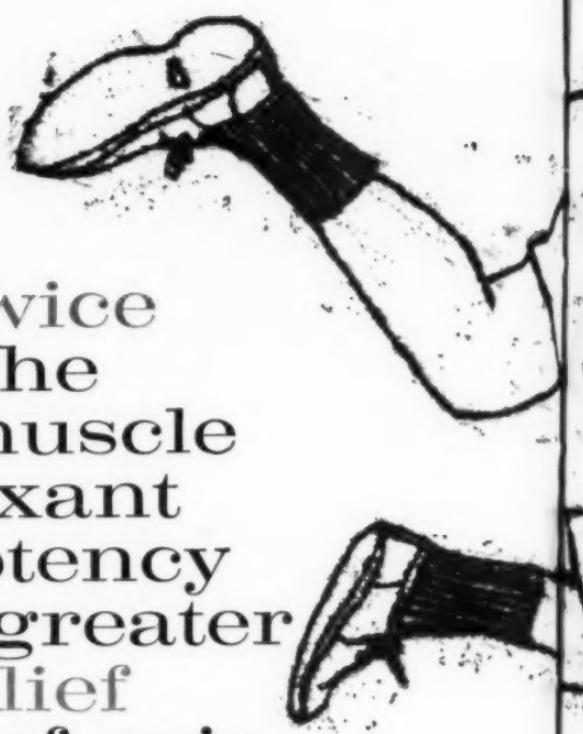
*Production Associates:* Carol Wilson Reid, Ruth F. Tompkins, Grace M. Voorhis



*Publisher:* W. L. Chapman Jr. *Sales Director:* Douglas B. Stearns

*Sales Manager:* Phillips T. Stearns *Production Manager:* J. E. Van Hoven

*Research Director:* August A. Fink *Circulation Director:* Howard B. Hurley



twice  
the  
muscle  
relaxant  
potency  
for greater  
relief  
of pain  
and spasm

## NEW PARAFON<sup>®</sup> FORTE

Combining a superior skeletal muscle relaxant<sup>1-3</sup> with a preferred musculoskeletal analgesic,<sup>4,5</sup> new PARAFON FORTE rapidly relieves both stiffness and associated pain of strains or sprains resulting from trauma or too-vigorous, unaccustomed exertion. PARAFON FORTE facilitates recovery by improving function. PARAFON FORTE is equally effective in other musculoskeletal disorders, such as myofascial pain syndromes, whiplash injuries, low back pain, and fibrositis. Side effects are rare, and they never require discontinuation of therapy.



# FORTE

PARAFLEX® Chlorzoxazone\* 250 mg.  
TYLENOL® Acetaminophen 300 mg.

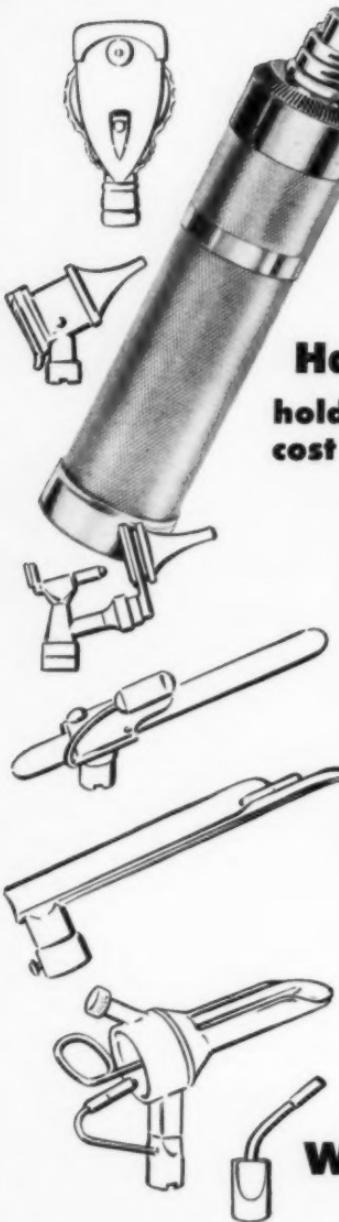
Usage: Two tablets q.i.d. Supplied: Scored, light green tablets, imprinted "McNEIL," in bottles of 50.

Certifications: (1) Settel, E.: Clin. Med. 6:1373, 1959. (2) Peak, W. P., and Smith, P. T.: Penn. Med. J. 63:1960. (3) Mayle, F. C.; Sullivan, P. D., and Auth, T. L.: Med. Ann. D. C. 28:499, 1959. (4) Roth, J. L. A.: Med. Clin. N. Amer. 41:1517, 1957. (5) Batterman, R. C., and Grossman, A. J.: J. Am. M. A. 159:1619 (Dec. 24) 1955.

Patent No. 2,895,877

**McNEIL LABORATORIES, INC.**  
**Fort Washington, Pa.**

**McNEIL**

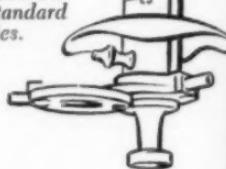


## Hard Working Handle holds your instrument cost down

One Welch Allyn handle powers all these Welch Allyn instrument heads — and many more. Add instruments as you need them with no more expense for handles.

No battery replacements — this handle has rechargeable batteries. Beryllium copper collar spring for permanent snug instrument fit. Positive-off rheostat prevents turning on power accidentally. Ask your dealer to show you Welch Allyn's 717 handle.

*Handles also available  
for use with standard  
dry cell batteries.*



**WELCH ALLYN**





# in depression for greater emotional stability in the aging patient

**Tofrānil®** Tablets of 10 mg. for geriatric use  
Brand of imipramine hydrochloride

**Geigy**

During the declining years, frustration arising from declining capacity to participate in social and family activities often leads to depression, manifested frequently in unpredictable swings of mood.<sup>1</sup>

The value of Tofrānil in restoring the depressed elderly patient to a more normal frame of mind has received strong support from recent studies.<sup>1-3</sup> Under the influence of Tofrānil, such symptoms as irascibility, hostility, apathy and compulsive weeping are often strikingly relieved with the result that life becomes easier both for the patient and those around him.

Since the dosage requirements of elderly patients are lower than those of the non-geriatric patient, Tofrānil is made available in a special low dosage 10 mg. tablet

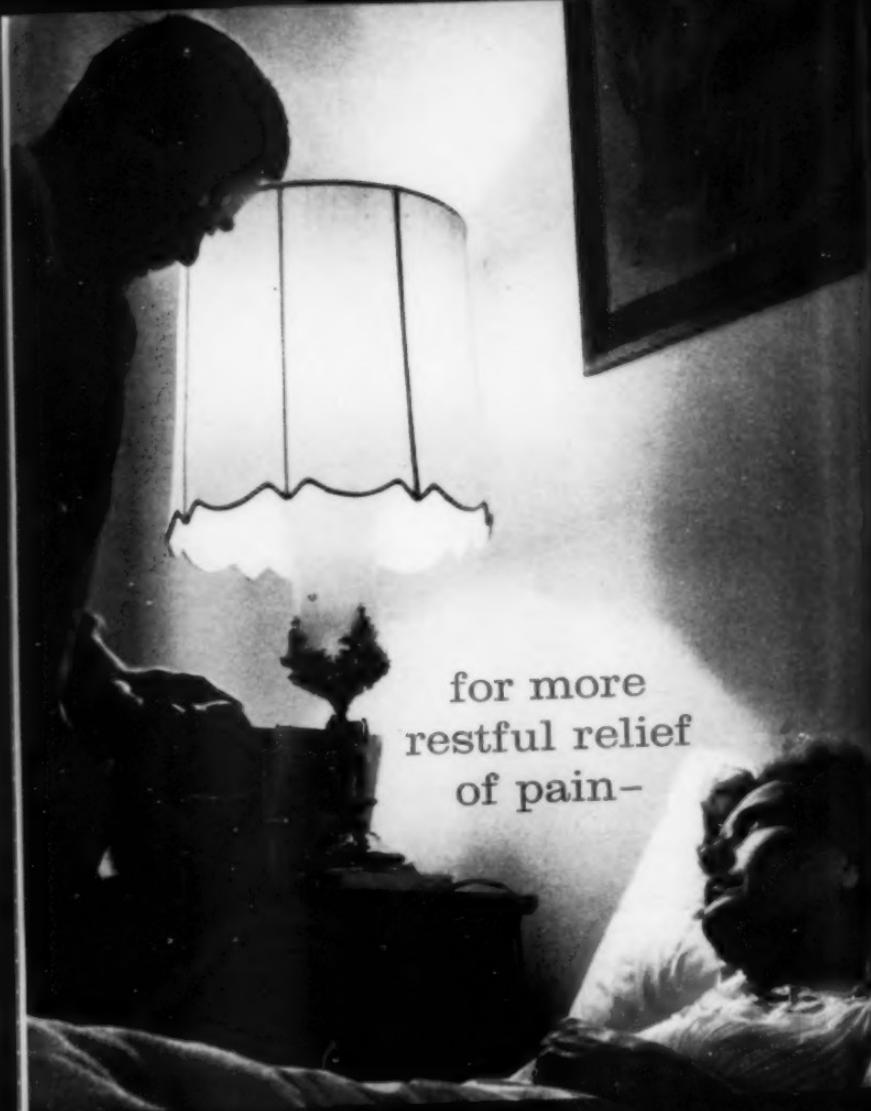
designed specifically for geriatric use. Full product information regarding dosage, side effects, precautions and contraindications available on request.

References: 1. Cameron, E.: Canad. Psychiat. A. J., Special Supplement 4:S160, 1959. 2. Christe, P.: Schweiz. med. Wchnschr. 90:586, 1960. 3. Schmied, J., and Ziegler, A.: Praxis 49:472, 1960.

Tofrānil®, brand of imipramine hydrochloride: Triangular tablets of 10 mg. for geriatric use; also available, round tablets of 25 mg., and ampuls for intramuscular administration only, each containing 25 mg. in 2 cc. of solution (1.25 per cent).

Geigy Pharmaceuticals  
Division of Geigy Chemical Corporation  
Ardsley, New York

TO-657-61



for more  
restful relief  
of pain-

**PHENAPHEN** vi

SE

to ra

Pain is  
can shar  
with Co  
vided by

**PHENAP  
CODEINE**

4 potenc

**PHE**  
In each co  
Phenacetin  
Acetilsalicy  
Hycosyram  
Phenobarbi

**PHE  
CODI**  
(Phenaph  
In each co  
Basic PH  
edicine pl

Adjusta  
at q4h o

Supply:

A. H.  
Making to

P

XUM

# sedative- enhanced analgesia

to raise both psychic and somatic thresholds

Pain is a highly personalized sensory and emotional experience, in which apprehension can sharpen the pain perception to a distressing degree. In PHENAPHEN and in PHENAPHEN with CODEINE, mild sedative action supplements and enhances the analgesic action provided by their synergistic formulations — for more *restful* relief of pain.

PHENAPHEN has been reported more effective than salicylate alone. And PHENAPHEN with CODEINE provides the full effects of codeine on low, safer codeine dosage.

4 potencies are available for varied degrees of mild to severe pain:

## PHENAPHEN (Basic Formula)

In each capsule

|                               |           |
|-------------------------------|-----------|
| Phenacetin (3 gr.)            | 194.0 mg. |
| Acetylsalicylic acid (2½ gr.) | 162.0 mg. |
| Hyoscymamine sulfate          | .031 mg.  |
| Phenobarbital (¼ gr.)         | 16.2 mg.  |

## PHENAPHEN WITH

## CODEINE ¼ GR.

(Phenaphen No. 2)

In each capsule

Basic PHENAPHEN formula, plus ¼ gr. (16.2 mg.) codeine phosphate.

*Adjustable dosage* to cope with individual day-and-night pain patterns: 1 or 2 capsules q3h or q4h or as required.

*Supply:* Bottles of 100 and 500 capsules.

**A. H. ROBINS CO., INC., RICHMOND 20, VIRGINIA**

Making today's medicines with integrity... seeking tomorrow's with persistence.



# PHENAPHEN®

## with CODEINE

¼ gr., ½ gr., 1 gr.



inside as well as outside the hospital...  
staphylococci usually remain sensitive to

# CHLOROMYCETIN

(chloramphenicol, Parke-Davis)

That the sensitivity patterns of "street" staphylococci differ widely from those of "hospital" staphylococci is a well-established clinical fact.<sup>1-5</sup> Although strains of staphylococci encountered in general practice have remained relatively sensitive to a number of antibiotics,<sup>6</sup> the problem of antibiotic-resistant staphylococci appears to be a threat to all patients in hospitals today. It is encouraging to note, however, "...that a relatively small percentage of strains develop resistance to chloramphenicol, despite the consumption of large amounts of this antibiotic."<sup>7</sup>

In one hospital, for example, CHLOROMYCETIN "...was the only widely used antibiotic to which few of the strains were resistant."<sup>8</sup> In another hospital, despite steadily increasing use of CHLOROMYCETIN since 1956, "...the percentage of chloramphenicol-resistant strains has actually been lower in subsequent years." Elsewhere, insofar as hospital staphylococci are concerned, it appears that "the problem of antibiotic resistance can be regarded as minimal for chloramphenicol."

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in various forms, including Kapsseals® of 250 mg., in bottles of 16 and 100.

See package insert for details of administration and dosage.

**Warning:** Serious and even fatal blood dyscrasias (aplastic anemia, hypoplastic anemia, thrombocytopenia, granulocytopenia) are known to occur after the administration of chloramphenicol. Blood dyscrasias have occurred after short-term and with prolonged therapy with this drug. Bearing in mind the possibility that such reactions may occur, chloramphenicol should be used only for serious infections caused by organisms which are susceptible to its antibacterial effects. Chloramphenicol should not be used when other potentially dangerous agents will be effective, or in the treatment of trivial infections such as colds, influenza, viral infections of the throat, or as a prophylactic agent.

**Precautions:** It is essential that adequate blood studies be made during treatment with the drug. Blood studies may detect early peripheral blood changes such as leukopenia or granulocytopenia; if they become irreversible, such studies cannot be relied upon to detect bone marrow depression prior to development of aplastic anemia.

VITRO  
CHLORO

strains of  
county hos-  
pital from Bauer

ees: (1) Ba-  
Inst. Med. 10:  
II:19, 1959;  
148. (6) P-  
Inst. Med. 10:  
m, I. L., Jr.

**VITRO SENSITIVITY OF 250 STRAINS OF STAPHYLOCOCCI  
CHLOROMYCETIN AND TO FOUR OTHER ANTIBIOTICS\***

[REDACTED] CHLOROMYCETIN 78%

[REDACTED] Antibiotic A 68%

[REDACTED] Antibiotic B 55%

[REDACTED] Antibiotic C 45%

[REDACTED] Antibiotic D 21%

strains of coagulase-positive staphylococci were isolated from hospitalized patients at a county hospital during the year 1959. Sensitivity tests were done by the disc method.

\*From Bauer, Perry, & Kirby.<sup>1</sup>

References: (1) Bauer, A. W.; Perry, D. M., & Kirby, W. M. M.: *J.A.M.A.* 173:475, 1960. (2) Fisher, M. W.: *Arch. Int. Med.* 105:413, 1960. (3) Cohen, S.: *Circulation* 20:96, 1959. (4) Edwards, T. S.: *Am. J. Ophthalmol.* 48:119, 1959. (5) Smith, I. M.: *Staphylococcal Infections*, Chicago, The Year Book Publishers, Inc., 1959. (6) Petersdorf, R. G.; Rose, M. C.; Minchew, H. B.; Keene, W. R., & Bennett, I. L., Jr.: *Arch. Int. Med.* 105:398, 1960. (7) Editorial: *J.A.M.A.* 173:544, 1960. (8) Finland, M.; Jones, W. F., Jr., & Bennett, I. L., Jr.: *Arch. Int. Med.* 104:365, 1959.

**PARKE-DAVIS**

PARKE, DAVIS & COMPANY, Detroit 22, Michigan

# Yardsticks for you

Reprints of MEDICAL ECONOMICS' 1960-61 series of 15 articles on the finances of modern U.S. medical practice are now available in booklet form. The articles are packed with useful facts—drawn from a meticulously planned, statistically valid survey—concerning physicians' earnings and expenses, income from health plans, collections, accounts receivable, income taxes, etc. With this booklet on your shelf, you won't have to hunt for the statistical data you want—nor will you have to tear pages out of your copies of MEDICAL ECONOMICS.

## PHYSICIANS' EARNINGS AND EXPENSES

A reprint of articles based on Medical Economics' Continuing Survey

You may obtain this booklet by sending \$2.00 to:  
**PHYSICIANS' EARNINGS AND EXPENSES**

Medical Economics, Inc.  
Oradell, N. J.

In

Three-  
with so

produ-  
witho

prom-  
of a p-  
provi-  
recurr-  
nonsta-

METHA-

Supplied



TRADEMARK OF

# In diaper rash—regardless of severity



Three-month-old infant hospitalized with severe diaper rash as shown



Improvement as shown three weeks after start of **METHAKOTE**

## **methakote\*** **pediatric creme**

produces prompt, often dramatic, relief and healing without resort to topical corticosteroids and antibiotics

promotes rapid healing through tissue-regenerative effect of a protein hydrolysate fortified with amino acids... provides prompt relief of discomfort...helps prevent recurrences...provides soothing and lubricating action... nonstaining, greaseless, washable

METHAKOTE pediatric creme — Borden's unique amino acid/antiseptic formula

Supplied: 1½ oz. tubes and 3 oz. economy-size tubes.



Pharmaceutical Division, 350 Madison Avenue, New York 17, N.Y.

\*TRADEMARK OF THE BORDEN COMPANY



## IN GERIATRIC AGITATION

"The  
[Ho  
but  
pho  
In  
tra  
rio

XUM

# Mellaril®

THIORIDAZINE HCl

provides highly effective tranquilization,  
relieves agitation, apprehension, anxiety

and "screens out"  
certain side effects  
of tranquilizers,  
making it  
virtually free of:



"The value of the phenothiazines as tranquilizers has been established. [However] many distressing side effects have been reported with these drugs. . . . Thioridazine [Mellaril] is as effective as the best available phenothiazine, but with appreciably less toxic effects than those demonstrated with other phenothiazines."<sup>1</sup>

**In Geriatrics** "This is the third time the authors have evaluated a tranquilizer in a geriatric group. Our feeling is that Mellaril is superior to the other two, both of which were phenothiazine derivatives."<sup>2</sup>

Mellaril is indicated for varying degrees of agitation, apprehension, and anxiety in both ambulatory and hospitalized patients.

Usual starting dose: Non-psychotic patients — 10 or 25 mg. t.i.d. Psychotic patients — 100 mg. t.i.d. Dosage must be individually adjusted until optimal response. Maximum recommended dosage: 800 mg. daily. Supply: Mellaril Tablets, 10 mg., 25 mg., 50 mg., 100 mg.

1. Ostfeld, A. M.: Scientific Exhibit, American Academy of General Practice, San Francisco, April 6-9, 1959. 2. Judah, L., Murphree, O., and Seager, L.: Am. J. Psychiat. 115:1118, June, 1959.





whe  
Flor  
sect  
to c  
mole  
seas  
and  
Dim  
free  
Dim  
inci  
ally

**D**

reliab

Supplie

BIMETAN

-2 mg.-

Dosage:

8-12 h. c

Extenda

two table

over 6 —

3-6 — ½

spoonful

fuls t.i.d.

t.i.d. Chil

pound o

Side Effec

ated. Occu

encounte

small do

known t

drowsy, l

A. H. M

MAKING TO

**when allergies separate a man from his work**

Florists may develop allergies to flowers, insecticides and Holland bulbs...housewives to dust and soap...farmers to pollens and molds. All types of allergies—occupational, seasonal or occasional reactions to foods and drugs—respond to Dimetane. With Dimetane most patients become symptom free *and* stay alert, and on the job, for Dimetane works...with a significantly lower incidence<sup>1-6</sup> of the annoying side effects usually associated with antihistaminic therapy.

# Dimetane® Extentabs

CONTINUOUS 10-12 HOUR ACTION

parabromdylamine [brompheniramine] maleate

**reliably relieve the symptoms...seldom affect alertness**

**Supplied:** DIMETANE Extentabs®—12 mg. • DIMETANE Tablets—4 mg. • DIMETANE ELIXIR—2 mg./5 cc.

**Dosage:** *Extentabs:* Adults—One Extentab q. 8-12 h. or twice daily. Children over 6—one Extentab q. 12 h. *Tablets:* Adults—One or two tablets three or four times daily. Children over 6—one tablet t.i.d. or q.i.d. Children 3-6—½ tablet t.i.d. *Elixir:* Adults—2-4 teaspoons t.i.d. Children over 6—2 teaspoons t.i.d. or q.i.d. Children 3-6—1 teaspoonful t.i.d. Children under 3—0.5 cc. (0.2 mg.) per pound of body weight per 24 hours.

**Side Effects:** Dimetane is usually well tolerated. Occasional mild drowsiness may be encountered. If desired, this may be offset by small doses of methamphetamine. Until known that the patient does not become drowsy, he should be cautioned against en-

gaging in mechanical operations which require alertness.

**Contraindications:** Sensitivity to antihistamines.

*Also Available:* Dimetane-Ten Injectable (10 mg./cc.) or Dimetane-100 Injectable (100 mg./cc.)

**References:** 1. Lineback, M.: *The Eye, Ear, Nose and Throat Monthly* 39:342 (April) 1960. 2. Fuchs, A. M. and Maurer, M. L.: *New York J. Med.* 59:3060 (August 15) 1959. 3. Kreindler, L. et al.: *Antibiotic Med. and Clin. Therapy* 6:28 (January) 1959. 4. Schiller, I. W. and Lowell, F. C.: *New England J. Med.* 261:478 (September 3) 1959. 5. Edmonds, J. T.: *The Laryngoscope* 69:1213 (September) 1959. 6. Horstman, H. A.: *Am. Pract. & Digest Treat.* 10:96 (January) 1959.

**A. H. ROBINS COMPANY, INC., RICHMOND 20, VIRGINIA**

BAKING TODAY'S MEDICINES WITH INTEGRITY...SEEKING TOMORROW'S WITH PERSISTENCE



objective:  
**full term  
fetus**

---

complication:  
**threatened  
abortion**

---

indicated:  
**Provera**

## Here are five reasons why:

- Provera is the only commercially-available oral progestational agent that will maintain pregnancy in critical tests in ovariectomized animals.
- It is four times as potent (by castrate assay) as any other progestational agent.
- No significant side effects have been encountered.
- It is available for both oral and parenteral administration.
- Provera gives the economy of effective action from small doses.

### Brief Basic Information

#### Oral Provera®

I.M.  
Depo-Provera®

|                   |   |   |
|-------------------|---|---|
| Description       | Upjohn brand of medroxyprogesterone acetate.  | Aqueous suspension 50 mg. per cc., 1 cc. for intramuscular injection only.  |
| Indications       | Threatened and habitual abortion, infertility, irregular menstruation, secondary amenorrhea, premenstrual tension, functional uterine bleeding. | Threatened and habitual abortion, endometriosis.  |
| Dosage            | Threatened abortion<br>10 to 30 mg. daily until acute symptoms subside.   | 50 mg. I.M. daily while symptoms are present, followed by 50 mg. weekly through 1st trimester, or until fetal viability is evident. |
| Habitual abortion | 1st trim.<br>10 mg. daily.<br>2nd trim.<br>20 mg. daily.<br>3rd trim.<br>40 mg. daily, through 8th month.                                       | 50 mg. I.M. weekly.<br>100 mg. I.M. q. 1 wks.<br>100 mg. I.M. q. 1 month.   |
| Supplied:         | 2.5 mg. scored, pink tablets, bottles of 25; 10 mg. scored, white tablets, bottles of 25 and 100.   | Sterile aqueous suspension 50 mg. per cc., 1 cc. and 5 cc. vials.   |

**Precautions:** Clinically, Provera is well tolerated. No significant adverse effects have been reported. Animal studies indicate that Provera possesses adrenocorticoid-like activity. While such adrenocorticoid action has not been observed in human subjects, patient receiving large doses of Provera continuously for prolonged periods should be observed closely. Likewise, large doses of Provera have been found to produce some instances of female fetal masculinization in animals. Although this has not occurred in human beings, the possibility of such an effect, particularly with large doses over a long period of time, should be considered.

Provera, administered alone or in combination with estrogen should not be employed in patients with abnormal uterine bleeding until a definite diagnosis has been established and the possibility of genital malignancy has been eliminated.

Each cc. of Depo-Provera contains: Medroxyprogesterone acetate 50 mg.; Polyethylene glycol 400 mg.; Polysorbate 80, 1.92 mg.; Sodium chloride, 8.65 mg.; Methylparaben, 1.73 mg; Propylparaben, 0.19 mg.; Water for injection, q.s.

The Upjohn Company, Kalamazoo, Michigan

TRADEMARK REG. U.S. PAT. OFF.

TRADEMARK

# Letters

Medical Economics, June 5, 1961

## Picking a prep school

SIRS: The most beneficial article in your March 13 issue was "How to Pick a Prep School." But with costs of prep schools averaging \$2,500 annually, doesn't this mean a minimum income of \$25,000 before a doctor can afford to send his child to one? I'm a physician of average income, and these schools are simply beyond my means.

—Valdemar O. Zialcita, M.D.

Flushing, N.Y.

SIRS: Col. Clarence E. Lovejoy omitted the name of the Missouri Military Academy from lists accompanying "How to Pick a Prep School." Why?

—H. E. O'Neal, M.D.

Tipton, Iowa

*Because the lists were not intended to be all-inclusive. The heading on the list in question—"Some good boarding schools . . ."—makes this clear. —ED.*

## Reusable capsules

SIRS: "Patients Love His Written Instructions!" reminded me of an elderly patient of mine—a

lady who'd never taken much medicine. I prescribed antibiotics in powder form. On her next visit, she told me the medicine had done her a lot of good, and then added, "I brought your little bottles back." She handed me sixteen empty capsules!

—George E. Bennett, M.D.

Marshall, Tex.

## Lawyers vs. doctors

SIRS: My blood boiled when I read "They're Teaching Lawyers How to Beat You in Court." It confirmed my opinion that nowadays too many lawyers will go to any length to get a judgment against a doctor. They've come to believe that doctors represent their "pot of gold."

—Darwin Florea, M.D.

Alhambra, Calif.

SIRS: . . . It occurs to me that the public doesn't hear enough about legal action against lawyers. When can a lawyer be sued for malpractice?

—John D. Steinbach, M.D.

Tillamook, Ore.

*Any negligent action or breach of trust on the part of a lawyer*

*renders him liable for a malpractice suit. Some examples: negligence that allows a statute of limitations to run out (Melvin Belli himself paid \$33,000 in just such a case); mishandling of funds; negligence in searching real estate records; and negligence in drawing up mortgages and wills. Most lawyers, like doctors, carry malpractice insurance.* —ED.

### Diminishing returns

SIRS: "How Recession-Proof Is Your Practice?" stimulated me to take a look at my own records. My only appreciable slowdown came between June and September, 1960. But this has been true in earlier nonrecession years, too. Otherwise I've noticed no manifestation of the recent recession.

—Gaston J. Baus, M.D.  
Glendale, Calif.

SIRS: . . . My net income has slacked off this year. It's \$200 less per month than last year. This happened during winter when I normally expect to do better than average.

I'm only in my second year of practice, so perhaps recessions somehow affect the neophyte more than the veteran physician.

—Harold J. Laughlin, M.D.  
Xenia, Ohio

### Menace of one-man hospitals

SIRS: Medicine and insurance companies should drive out of business the small, nonaccredited hospitals that give medicine a bad name in every state in the Union.

I have had the misfortune to work in one or two of these substandard hospitals. The physician-owners are usually not qualified surgeons, but they operate; they haven't been trained in radiology, but they read X-rays. Operating rooms, kitchens, and diets meet no recognizable standards. Aside from a few registered nurses, the personnel are usually of a low order because of substandard wages. Yet the patient and Blue Cross pay the same prices as those charged in accredited hospitals. Let insurance companies take the first step by not granting recognition

# allergy-free for months



## with a one-week course of daily injections

Whether it is pollinosis, rhinitis due to other inhalants, allergic asthma, asthmatic bronchitis in children, eczema, or food sensitivity . . . regardless of the number or nature of the offending allergens . . . a daily injection of Anergex for 6 to 8 days usually provides prompt relief that persists for months in most patients.

Anergex is nonspecific in action. Its effectiveness against most common allergens eliminates skin testing and long drawn-out desensitizing procedures. In contrast to the anti-histamines and other drugs that provide only temporary symptomatic relief, Anergex induces a prolonged allergy-free state.

Marked improvement or complete relief has been reported in over 70 per cent of more than 5,000 patients\*. Anergex appears more effective when given during exposure to the offending allergens. Relief is prompt; the patient "often feels better by the time he has had 3 or 4 doses"\*\*. Anergex is safe; no systemic reactions or side effects have been reported.

Available: Vials of 8 ml.—one average treatment course. Each ml. contains 40 mg. extractives from the Toxicodendron quercifolium plant.      \*WRITE FOR LITERATURE AND REPRINTS

# ANERGEX®

the new concept for the treatment of allergic diseases

MULFORD COLLOID LABORATORIES



PHILADELPHIA 4, PENNSYLVANIA

# have you heard, Doctor ?

## Chymoral® cuts healing time in urologic conditions

Acute prostatitis responds very readily to Chymoral alone or with antibiotics, as does acute or chronic epididymitis.<sup>1,2</sup> In instrumentation trauma or TUR surgery, Chymoral reduces the severity of traumatic or postsurgical edema and hematoma, accelerates absorption of blood and lymph effusions, allays pain and promotes a smoother healing.

### Controls inflammation, curtails swelling, curbs pain

1. Billow, B. W.; Cabodeville, A. M.; Stern, A.; Palm, A.; Robinson, M., and Paley, S. S.: Southwestern Med, 41: 286, 1960. 2. Clinical Reports to the Medical Department, Armour Pharmaceutical Company, 1960.

© Jan. 1961, A.P. Co.

### CHYMORAL

Chymoral is an ORAL anti-inflammatory enzyme tablet specifically formulated for intestinal absorption. Each tablet provides enzymatic activity, equivalent to 50,000 Armour Units, supplied by a purified concentrate which has specific trypsin and chymotrypsin activity in a ratio of approximately six to one. ACTION: Reduces inflammation of all types; reduces and prevents edema except that of cardiac or renal origin; hastens absorption of blood and lymph extravasates; helps to liquefy thick tenacious mucous secretions; improves regional circulation; promotes healing; reduces pain. INDICATIONS: Chymoral is indicated in respiratory conditions such as asthma, bronchitis, rhinitis, sinusitis, in accidental trauma to speed absorption of hematoma, bruises, and contusions; in inflammatory dermatoses to ameliorate acute inflammation in conjunction with standard therapies; in gynecologic conditions such as pelvic inflammatory disease and mastitis; in obstetrics in episiotomies and breast engorgement; in surgical procedures as biopsies, hernia repairs, hemorrhoidectomies, mammectomies, phlebitis and thrombophlebitis; in genitourinary disorders as epididymitis, orchitis and prostatitis; in dental and oral surgery as fractures of the mandible and maxilla, difficult or multiple extractions, and alveolectomies. CONTRAINDICATIONS: None known. INCOMPATIBILITIES: None known. Antibiotics as well as generally accepted measures may be coadministered. SIDE EFFECTS: Mild gastric upsets, rarely encountered. DOSAGE: Recommended initial dose is two tablets q.i.d.; one tablet q.i.d. for maintenance. SUPPLIED: Bottles of 48 tablets.



ARMOUR PHARMACEUTICAL COMPANY KANKAKEE, ILLINOIS *Armour Means Protection*

# CHYMORAL

42

*ORAL systemic anti-inflamatory enzyme tablet*

Medic

XUM

to these borderline establishments. If patients know their bills won't be paid, these hospitals will soon cease to exist.

—James T. Clark, M.D.

New Rochelle, N.Y.

### Stock market advice

SIRS: Your financial articles are of great interest and help. But I wish your timing on "Electronics Stocks: Buy or Sell?" had been better. It could

have saved our stock club money a few months ago!

—Burrell N. Josephs, M.D.

Boston, Mass.

### 75 patients a day

SIRS: "75 Office Visits a Day—and He Practices Good Medicine" says that Dr. Earl Taylor McGhee averages about six minutes per visit. This is the limit in commercialism. Here's how I figure a hypothetical visit to Dr.

## ALLERGIC DISORDERS RESPONSIVE TO TRIAMCINOLONE

"In general, triamcinolone was found a potent and useful corticosteroid for symptomatic control of allergic disease."\*

**Supply:** Scored tablets of 1 mg., 2 mg. and 4 mg. Syrup, in 120 cc. bottles, each 5 cc. teaspoonful containing 5.1 mg. triamcinolone diacetate providing 4 mg. triamcinolone.

\*Glaser, J.: Ann. Allergy 18:510 (May) 1960.

# Kenacort

Squibb Triamcinolone



**SQUIBB**

Squibb Quality—the Priceless Ingredient

KENACORT® IS A SQUIBB TRADEMARK

Asthma

# HOW RELA BREAKS

THPAI



NALGES  
drugs [as  
MOBILIZA  
ELAXATI  
integrated  
CLINICAL  
relief of P  
RAPID REC  
106 lo

Schering

# PAIN-SPASM-PAIN CYCLE

**ANALGESIC:** RELA "... diminished the need for administration of analgesic drugs [aspirin, codeine, meperidine]."<sup>1</sup>

**MOBILIZATION:** RELA restores mobility by relieving pain, stiffness and spasm.

**RELAXATION:** RELA relaxes, eases acute muscle spasm and pain through its integrated analgesic-relaxant actions.

**CLINICAL EFFECTIVENESS:** "The effects of carisoprodol [RELA] were shown by relief of pain, and relief of localized muscle spasm...."<sup>1</sup>

**RAPID RECOVERY:** One fourth the recovery time—RELA treated group of 106 low-back patients averaged 11.5 days—control group, 41 days.<sup>1</sup>



**RELA**<sup>TM</sup> RELAXES, EASES  
ACUTE MUSCLE  
SPASM & PAIN

CARISOPRODOL

350 mg. TABLETS

Bibliography: 1. Kestler, O.C.: *J.A.M.A.* 171:2039 (April 30) 1960.

Complete information on RELA  
including indications, dosage, side  
effects, and precautions is  
available to physicians on request.

# Safe & Sound

Pati  
sound

Sleep is  
Doriden  
experienc  
gin of sa  
most wi  
rate sed  
the clin  
terms o  
lack of a  
piratio  
blood. 1.  
firmed i  
simple, W  
was adm  
ing a pe  
a safe an  
ranging  
produces  
All the  
sedation  
Doriden.  
References:  
Boracci, A.,  
1956, 2, M  
Hedge, J.  
Tract. & Di  
ne, H.M.,  
(Oct.) 1956,  
5:2343 (Au  
Oct. 1956,  
for comple  
usage, cou  
cina' Desi

**Doriden®**  
(glutethimide CIBA)



SUMMIT NEWJ

Medi

XUM



## **Patients sleep safely, soundly with Doriden**

Sleep is safe as well as sound with Doriden. Because 5 years of clinical experience have proved its wide margin of safety, Doriden has become the most widely prescribed nonbarbiturate sedative. Since its introduction, the clinical safety of Doriden—in terms of minimal side effects<sup>1,2</sup> and lack of adverse or toxic effect on respiration,<sup>3,4</sup> liver,<sup>5</sup> kidney,<sup>1,5</sup> and blood<sup>1,5</sup>—has been repeatedly confirmed in published reports. For example, Weston<sup>6</sup> concludes: "Doriden was administered to 415 patients during a period of one year. The drug is a safe and effective hypnotic in doses ranging from 0.25 to 0.5 gm. and produces six to eight hours of sleep." All the benefits of safe and sound sedation come with a prescription of Doriden.

**References:** 1. Blumberg, N., Everts, E.A., and Goracci, A.F.: Pennsylvania M.J. 59:308 (July) 1956. 2. Matlin, E.: M. Times 84:68 (Jan.) 1956. 3. Hedge, J., Sokoloff, M., and Franco, F.: Am. Inst. & Digest Treat. 10:473 (March) 1959. 4. Burton, H.M., and Borromeo, V.H.J.: J. Urol. 76:456 (Oct.) 1956. 5. Lane, R.A.: New York J. Med. 83:283 (Aug. 15) 1955. 6. Weston, D.T.: Journal of Mental Health 76:7 (Jan.) 1956.  
For complete information about Doriden (including dosage, cautions, and side effects), see 1961 Physician's Desk Reference or write CIBA, Summit, N.J.

McGhee would work out: For case history and physical exam, eighty seconds each; for X-ray studies and laboratory management and review, two minutes; forty seconds to answer questions and explain the case; twenty seconds for advice concerning treatment and consultation with specialists; and the last twenty seconds for socializing.

—M.D., Florida

**SIRS:** . . . You say that Dr. McGhee allots twenty minutes to a new OB patient. I don't wish to malign the gentleman, but I honestly don't see how he accomplishes this. I can't do a good work-up in that time.

—Robert S. Ellison, M.D.

Mansfield, Ohio

## **Social Security issues**

**SIRS:** Congratulations on "How the Social Security Boys Broke Through." Informative articles as well done as this one give the rank and file the truth about both sides of the question, which isn't always available from A.M.A. reports.

—M.D., New Jersey

# *uncomplicated* *prevention of "next-morning sickness" with* *a single bedtime dose*

# Bonine®

BRAND OF MECLIZINE HYDROCHLORIDE

a record of effectiveness, excellent toleration, and economy



## IN BRIEF

**BONINE** (meclizine hydrochloride) is the dihydrochloride of 1-p-chlorobenzhydryl-4-m-methylbenzylpiperazine, an antihistaminic-anticholinergic compound for prevention and relief of nausea and vomiting due to a variety of causes.

**INDICATIONS:** Valuable in the symptomatic relief of nausea and vomiting of pregnancy. Also indicated for motion sickness, radiation sickness, vertigo associated with Ménière's syndrome, labyrinthitis, fenestration procedures, vestibular dysfunction, and dizziness associated with cerebral arteriosclerosis.

**ADMINISTRATION AND DOSAGE:** For control of nausea and vomiting of pregnancy, a single dose of 25 to 50 mg. at bedtime is usually effective. For dosage schedules in other indications, see package insert.

**SIDE EFFECTS:** Not a phenothiazine, the side effects reported in association with

**BONINE** have been uncomplicated, mild and/or transient and consist of occasional drowsiness, dryness of the mouth, and blurred vision. There are no known contraindications to **BONINE**.

**PRECAUTIONS:** As with other antihistaminic compounds, the physician should inform patients of the need for caution in driving a car or when engaged in other activities requiring alertness.

**SUPPLIED:** **BONINE** Tablets, scored, tasteless, 25 mg. **BONINE** Chewing Tablets, mint-flavored, 25 mg. **BONINE** Elixir, cherry-flavored, 12.5 mg. per teaspoonful (5 cc.).

*only rarely does one drug  
meet so well the  
needs of one condition*



*More detailed professional information  
available on request.*

*Science for the world's well-being™* **Pfizer**

**PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, New York.**

H  
C  
By  
Last  
and  
into  
They  
cruis  
foot  
boat  
from  
and  
a ye  
oper  
Bu  
boat.  
self w  
ach  
chart  
Anna  
tire v  
food,  
Dr. a  
Plain  
chart  
as lit

## Here's a vacation suggestion: Charter a yacht

By William H. Taylor

Last summer, a doctor, his wife, and three teen-age children put into port at Annapolis, Md. They'd just ended a three-week cruise in a fully equipped 30-foot yacht. It was the kind of boat that can cost anywhere from \$8,000 to \$13,000 to buy, and perhaps as much as \$1,000 a year to insure, maintain, and operate.

But the doctor didn't own the boat. Not wanting to saddle himself with the expenses and headaches of ownership, he'd chartered the vessel through an Annapolis boat broker. His entire vacation—including rental, food, gasoline, and incidentals

—had cost him a relatively modest \$1,350, or \$90 a week per passenger.

Many doctors today are discovering the pleasures of cruising the easy way. Some of them can afford to own a yacht, but



*Dr. and Mrs. Abraham Strom of Plainfield, N.J., find they can charter this 28-foot cruiser for as little as \$250 a week.*

they don't relish scrubbing and varnishing, or worrying about hurricanes. They'd rather rent a boat.

If you'd like to become an occasional yachtsman, your first consideration is: power or sail? A powerboat is usually easier for a beginner to handle, though —like the sailboat—it requires knowledge of piloting and marine regulations. More experienced sailors may prefer a sailboat.

Either way, start off with a small boat if you're a beginner, and go easy with it at first. You can learn a lot from books and the free public instruction courses given by the U. S. Coast Guard Auxiliary and the U. S. Power Squadrons. But remember that the landlubber learns more—and faster—if he charters his first boat with an experienced companion or professional skipper.

Once you've decided on power or sail, how do you go about arranging a charter? If you live in a boating area, you'll generally find "boats for rent" ads in

---

THE AUTHOR is managing editor of *Yachting* magazine.

your local paper. Or check some of the yachting magazines. Brokers advertise in them. So do a number of individual charter-boat owners, with whom you can deal directly.

If you're new at the sport, I suggest you see a broker; the owner is the one who pays his fee. There are brokers wherever there are yachts, and they all have each other's addresses. The yacht broker can, for example, arrange your cruise through the Greek Islands—if that's where you want to go. He'll get you a "Yacht Charter Party," a legal document that protects both you and the owner. It covers such matters as payment, insurance, liability, place and date you'll pick up the boat, where and when you'll return her, and navigation limits (you can't just hire a boat in Seattle and start for Tahiti without the owner's permission).

Whether you use a broker or deal directly, you can charter a boat from three types of owners: private owners, commercial boat-rental firms, and professional charter-cruise yachtsmen. Here's a rundown of what

me  
es.  
So  
ar-  
you  
  
, I  
the  
his  
ver  
all  
The  
ole,  
ugh  
t's  
get  
"a  
cts  
ov-  
in-  
ate  
ere  
and  
n't  
and  
the  
  
or  
r a  
vn-  
cial  
fes-  
ts-  
hat

## "HOUSEMAID'S KNEE"

...and other painful or disabling musculoskeletal conditions often respond rapidly to the "antidoloritic" effects of DECAGESIC. DECAGESIC helps restore normal function by relieving pain and discomfort, suppressing inflammation . . . and often adds a sense of well-being and renewed strength. DECAGESIC combines the benefits of DECADRON® and aspirin with aluminum hydroxide to provide increased efficacy with a lower incidence of side effects.

**Indications:** Mild to moderate inflammatory, rheumatic and musculoskeletal disorders, and conditions in which the conjunctive use of steroid and salicylate is indicated.

**Dosage:** 1 or 2 tablets 3 or 4 times daily. The usual precautions of corticosteroid therapy should be observed. Before prescribing or administering DECAGESIC, the physician should consult the detailed information on use accompanying the package or available on request.

**Supplied:** Bottles of 100. Each tablet contains 0.25 mg. of DECADRON dexamethasone, 500 mg. of aspirin (acetyl-salicylic acid) and 75 mg. of aluminum hydroxide (present as the dried gel).

\*The term "antidoloritic" has been coined by Merck Sharp & Dohme to describe an agent designed to allay pain associated with inflammation — *dolor* = pain, *itc* = associated with inflammation.

DECAGESIC and DECADRON are trademarks of Merck & Co., Inc.



**FOR CONSERVATIVE MANAGEMENT  
OF MUSCULOSKELETAL SYNDROMES**



MERCK SHARP & DOHME  
Division of Merck & Co., Inc.  
West Point, Pa.

**Her hunger is**



If She's

**BIP**  
& DIAMOND

BIPNET

Each  
part  
as  
for

Single

# eris "liquidated"... but her appetite survives!

Mealtime *hunger* reflects a physiological need quickly satisfied by food—liquid or solid.

But *appetite* represents a psychological need which is often the obese patient's biggest problem. Measures that satisfy hunger alone are not enough. Mealtimes rapidly become tedious on unnatural diets... and high calorie snacks, between-meal nibbling, and refrigerator raiding provide an appetizing consolation! When appetite survives, willpower soon vanishes.

You can help her *satisfy* her *appetite* as well as her hunger... and still be sure of

## SUSTAINED WEIGHT CONTROL

by prescribing Biphetamine or Ionamin. A single capsule dose appeases appetite for 10-14 hours. Your patient enjoys normal food (in lesser quantities) while better eating habits and proper weight are gradually established and maintained.

If She's "Sedentary"

### BIPHETAMINE<sup>®</sup>

A STRASBURGH ANORECTIC

BIPHETAMINE '20'

(20 mg.)

BIPHETAMINE '12½'

(12.5 mg.)

BIPHETAMINE '7½'

(7.5 mg.)

Each capsule of each strength contains equal parts of d-amphetamine and dl-amphetamine as cation exchange resin complexes of sulfonated polystyrene.

If She's "Active"

### IONAMIN<sup>®</sup>

A STRASBURGH ANORECTIC

IONAMIN '30'

(30 mg.)

IONAMIN '15'

(15 mg.)

Each capsule of each strength contains phentermine as a cation exchange resin complex of sulfonated polystyrene.

If She's "Refractory"

### NEW BIPHETAMINE-T<sup>®</sup>

A STRASBURGH ANORECTIC

BIPHETAMINE-T '20'

BIPHETAMINE-T '12½'

Each capsule of each strength contains Tuazole® and equal parts of d-amphetamine and dl-amphetamine—all as cation exchange resin complexes of sulfonated polystyrene.

Single Capsule Daily Dose 10 to 14 hours before retiring

STRASBURGH

you'll find and what you'll pay in each of these three categories:

*1. Charters from private owners.* This kind of owner is choosy. He wants references about your boating experience and maybe a look at you over a lunch table. If you bring his boat back in good shape, you're his friend for life. And if you charter from him again the following summer, he might knock down the price.

Nearly every privately owned boat over 40 feet long is chartered with a professional skipper in command. The inexperienced charterer has no business being in charge of a boat this size, either sail or power. Vessels under 40 feet are usually "bare boat" charters—that is, you hire the boat and all expenses are on you, including the salaries of the crew, if you want one.

Prices for privately owned



*Dr. Strom gets briefed on how to run the powerboat he's chartering from the Briarcliff Yacht Basin, Myrtle Beach, S.C. Rental agencies also give tips on weather, routes, fishing, navigation.*

ned  
mar-  
skip-  
eri-  
ness  
this  
Yes-  
ally  
is,  
ex-  
the  
ant

ned



*once again,  
an active  
hand in  
"doing"-*

# PABALATE



mutually potentiating nonsteroid antirheumatics

"superior to aspirin"<sup>1</sup> and with a "higher therapeutic index"<sup>2</sup>

*When sodium should be avoided—*

## PABALATE-SODIUM FREE

*When conservative steroid therapy is indicated—*

## PABALATE-HC

Pablate with Hydrocortisone

1. Barden, F. W., et al.: J. Maine M. A. 46:99, 1955.

2. Ford, R. A., and Blanchard, K.: Journal-Lancet 78:185, 1958.

A. H. ROBINS COMPANY, INC., RICHMOND 20, VIRGINIA

*In each yellow enteric-coated PABALATE tablet:*

Sodium salicylate (5 gr.) . . . 0.3 Gm.  
Sodium para-aminobenzoate (5 gr.) 0.3 Gm.  
Ascorbic acid.....50.0 mg.

*In each pink enteric-coated PABALATE-SODIUM FREE tablet:*

Same formula as PABALATE, with sodium salts replaced by potassium salts.

*In each light blue enteric-coated PABALATE-HC tablet:*

Same formula as PABALATE-SODIUM FREE, plus hydrocortisone (alcohol) . . . 2.5 mg.

*Making today's medicines with integrity... seeking tomorrow's with persistence.*

## ...Your leisure

boats depend on the kind and condition of the boat, where she is, how anxious the owner is to charter, and whether he trusts you to take care of her. And there are all sorts of "deals." For instance, last October three young doctors from Cleveland arranged to deliver a 35-foot yacht from Maryland to Key Largo, Fla., in time for the winter season. For this service, they and their wives got a lei-

surely thirteen-day trip. Their only costs were food, fuel, and renting a car to take them back to Cleveland. The entire expense for each person? "Around \$75—and we had a real ball!"

Powerboats generally come cheaper than comparable auxiliary sailboats. You can charter a 28- to 30-footer for about \$250 a week. A larger one, 30 to 40 feet long, runs from \$250 to \$400 a week, "bare boat" with-



"What a liberty town this was before penicillin!"

**longer-acting, fewer injections  
for fetal salvage with no androgenic effect**

# DELALUTIN®

Squibb Hydroxyprogesterone Caproate

Long-acting Progestational Therapy

Delalutin offers these advantages over other progestational agents: Significantly improved rate of fetal salvage<sup>1-3</sup>

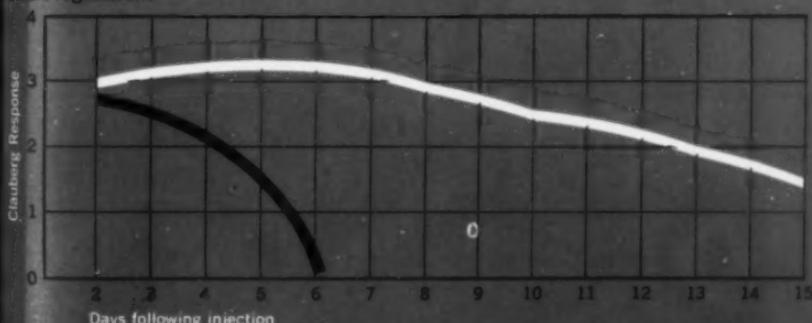
- No virilizing effect on female fetus or mother ■ High, sustained hormonal level in the uterine muscle and mucosa<sup>4</sup> — high enough even to replace an excised corpus luteum<sup>5</sup>
- Absence of local tissue reactions<sup>3</sup>.

**Comparative effect of single subcutaneous injection of Delalutin and progesterone on the progestational changes [Clauberg Test] in the rabbit uterus.**

berman, A.: Laboratory Report on the Duration of Action 17-Alpha-Hydroxy-progesterone-n-Caproate (Delalutin). The Squibb Institute for Medical Research, May 1955.

■ Hydroxyprogesterone Caproate (Delalutin)

— Progesterone



Analysis: Vials of 2 and 10 cc., each cc. containing 100 mg. of hydroxyprogesterone caproate in sesame oil with 20% benzyl benzoate. Vials of 10 cc., each cc. containing 200 mg. of hydroxyprogesterone caproate in castor oil with 51% benzyl benzoate. References: 1. Baumrind, H. *Am. J. Physiol.*, New York Acad. Sc., 71:172 (July 30) 1955. 2. Reichenstein, E. C. *J. Am. Med. Acad.*, 71:762 (July 30) 1955. 3. Castellano Ayala, L. *Rev. Clin. y Obstet. de Mexico* 16:249 (May-June) 1959. 4. Plotz, E. *J. Abortion (Hemorrhage of Early Pregnancy)*, in Conn, H. F. *Current Therapy*, 1960. Philadelphia: W. B. Saunders Co., 1960, pp. 618 ff. 5. Wright, H. L., Wilhens, G. W., and Ingram, J. M. *Am. Pract. & Dispens.* 10:1544 (Sept.) 1959.

Complete information on administration and dosage is supplied in the package insert and in your Squibb Product Reference and Product Brief.

**Squibb**

**Squibb Quality—the Priceless Ingredient**

Delalutin® is a Squibb trademark.

when your patient fathe

If fat  
Stu  
weig  
body  
Rec  
rece  
mea  
and  
Mea  
cons  
Dete  
a sp

N  
B  
Dextro-a  
S

NEW  
pres  
the  
appe  
ner  
pres  
thro  
help  
ultin  
Each  
capsule  
caution  
cardio

REQUEST  
YOUR LE  
Referen  
Abstr.  
Growth  
(1959).  
(Lange

Lan

XUM

If fatness is the problem, the skinfold test will tell...

Studies emphasize that persons of "normal" body weight exhibit differences in their fatness and that body weight is an imperfect guide to body fat.<sup>2,4,5</sup> Recently, the calibrated measurement of skinfolds has received increasing clinical attention as a method of measuring obesity — because of its simplicity, rapidity and accuracy.<sup>1,2</sup>

Measurement is made at selected sites with special constant tension calipers.<sup>3</sup>

Detailed information on the skinfold test is given in a special booklet, available to physicians on request.

## The skinfold test

# NEW BAMADEX® SEQUELS®

Dextro-amphetamine sulfate with meprobamate

Sustained Release Capsules

for  
measurable  
fat less



**NEW BAMADEX SEQUELS contain the appetite-suppressant, d-amphetamine, effectively balanced with the tranquilizer, meprobamate, for sustained, effective appetite control without overstimulation of the central nervous system. One BAMADEX SEQUELS capsule suppresses appetite up to 8 hours... carries the patient through the critical period of compulsive eating... helps establish a new pattern of eating less — the ultimate aim of therapy.**

Each capsule contains: d-amphetamine sulfate, 15 mg.; meprobamate, 300 mg. **Dosage:** One capsule one-half hour before breakfast. **Supply:** Bottles of 30. **Precautions:** Use with caution in patients hypersensitive to sympathomimetic compounds, who have coronary or cardiovascular disease, or who are severely hypertensive.

REQUEST COMPLETE INFORMATION ON INDICATIONS, DOSAGE, PRECAUTIONS AND CONTRAINDICATIONS FROM YOUR LEDERLE REPRESENTATIVE OR WRITE TO MEDICAL ADVISORY DEPARTMENT.

References: 1. Best, W.R.: J. Lab. & Clin. Med. 43:967 (1954). 2. Brožek, J. and Keys, A.: Nutrition Abstr. & Rev. 20:247 (1950). 3. Garn, S.M. and Shamir, Z.: In *Methods for Research in Human Growth*. Charles C. Thomas, Springfield, Ill., 1958, p. 64. 4. Mayer, J.: Postgrad. Med. 25:469 (1959). 5. Tanner, J.M.: Proc. Nutrition Soc. 18:148 (1959).

(Lange Skinfold Caliper courtesy of Kentucky Research Foundation, University of Kentucky.)



LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York

out crew. For monthly rates, multiply by four and knock off about 10 per cent.

Powerboats over 40 feet are usually chartered with a paid captain, plus such other crew as the ship calls for. These cost money. Example: A 60-foot diesel cruiser with crew of three is about \$6,000 a month.

Sport-fishing boats generally come with captain *and* fishing guide or, in smaller boats, with a captain-fishing guide. A small one may stand a party \$75 a day; a de luxe 40-footer with two men can cost \$1,400 for two weeks or \$2,500 a month.

Auxiliary sailboats in the four-berth, 33- to 36-foot category—boats like the popular Weekenders and Coastwise Cruisers—will run around \$350 a week. The next size larger, 38- to 41-footers like the Concordia and Loki yawls, rent for around \$400. For a 45-foot sloop like the New York Yacht Club 32-foot waterline class, you'll pay \$500 a week, plus cost of crew. A 60-foot ketch-rigged motor sailer charters for \$3,000 to \$3,500 for two weeks with a crew of two. You can get a

slightly smaller, less elaborate ketch with one man for under \$1,500 a week.

2. *Charters from commercial rental firms.* The commercial charter-fleet owner is usually a boat builder, or at least a dealer for one. He's comparable to the drive-it-yourself auto firm; he has all their problems—and a few of his own. He can't afford to be fussy about whom he rents to, and a lot of his customers are first-timers.

He generally does his best to prime you with advice and instructions before he shoves you off. Normally, you'll get a brief but concentrated lecture on seamanship and piloting, navigational charts covering your chosen course, printed instructions on boat care, and a list of the "rules of the road." One Maryland skipper insists that all novices take at least two hours of navigation lessons from him before they can rent his boats. He charges \$10 an hour for this instruction.

If you ask them, some commercial rental firms will not only sit down with a chart and lay out safe, easy runs for you,

# 5-year study<sup>1</sup> with COUMADIN demonstrates: long-term anticoagulation in office management of outpatients is practical and effective

A 5-year study<sup>1</sup> of long-term anticoagulation with COUMADIN (warfarin sodium) in office practice patients has demonstrated that such treatment reduces the probability of further infarctions in the postinfarct patient and is effective in preventing a first infarction in patients with angina.

An earlier report<sup>2</sup> noted that long-term anticoagulant therapy with warfarin sodium can be carried out, along with the necessary prothrombin time determinations, as part of general office practice.

"The most significant advantage is the great ease in maintaining patients in a therapeutic range. It has been rewarding to find, month after month, patients varying no more than three or four seconds in their prothrombin times on their established dosage of Warfarin sodium [COUMADIN]."<sup>1</sup>

# COUMADIN®

FOR ORAL, INTRAVENOUS OR INTRAMUSCULAR USE

the original and only warfarin responsible for establishing this drug as closely approaching the ideal anticoagulant<sup>3,4</sup> and as "the best anticoagulant available today."<sup>5</sup> Over 179,000,000 doses administered to date.

## the proven anticoagulant for long-term maintenance

**Full range of oral and parenteral dosage forms—COUMADIN® (warfarin sodium)** is available as: Scored tablets—2 mg., lavender; 5 mg., peach; 7½ mg., yellow; 10 mg., white; 25 mg., red. Single Injection Units—one vial, 50 mg., and one 2 cc. ampul Water for Injection; one vial, 75 mg., and one 3 cc. ampul Water for Injection.

**Average Dose:** Initial, 40-80 mg. For elderly and/or debilitated patients, 20-30 mg. Maintenance, 5-10 mg. daily, or as indicated by prothrombin time determinations.

1. Nora, J. J.: M. Times, May, 1961.
2. Nora, J. J.: J.A.M.A. 174:18, Sept. 10, 1960.
3. Baer, S., et al.: J.A.M.A. 167:704, June 7, 1958.
4. Moser, K. M.: Disease-a-Month, Chicago, Yr. Bk. Pub., Mar., 1960, p. 12.
5. Meyer, O. O.: Postgrad. Med. 24:110, Aug., 1958.

\*Manufactured under license from the Wisconsin Alumni Research Foundation

Complete Information and Reprints on Request



ENDO LABORATORIES Richmond Hill 18, New York

but they'll tip you off on where fish are running, what kind of tackle and bait to take, which restaurants near what piers serve good shore dinners, and what snug harbors to anchor in if bad weather threatens. They'll also give you a list of marinas where you can stock up on fuel, food, bait, and fresh water.

Most of these commercial charter fleets feature power-boats from 28 to 35 feet long, sleeping four to six people in comfort. A few resorts have rental fleets of small open sailboats that you can take out by the hour with or without instructors—a good way to learn how to handle sailboats.



© MEDICAL ECONOMICS

S. S. E. E.

Typical rental rate for a 28-foot powerboat that sleeps four adults is \$250 a week, \$900 a month. This includes essential operating, piloting, and house-keeping equipment. Things like sheets, towels, and blankets are extra. So are a dinghy and fishing gear.

3. *Charters from professional charter-cruise yachtsmen.* In this type of arrangement, you're the paying guest of the owner, who's usually his own skipper, innkeeper, and cruise director. The owner's wife is sometimes the stewardess. One such couple I know in the Bahamas tells me: "Two-thirds of our summer business comes from Florida doctors, and about one-third of our winter business from doctors up north."

These cruises, popular in the Florida-West Indies area, are especially appealing to the doctor who isn't qualified to take over a sizable boat himself, yet wants to see places out of the reach of small craft.

What do such owner-operated cruises cost? A 100-foot schooner based at Barbados has four double staterooms—eight pas-

# new Tandearil

brand of oxyphenbutazone

# Geigy

inflammation takes flight



## a new development in nonhormonal, anti-inflammatory therapy

### more specific than steroids—

Acts directly on the inflammatory lesion without altering pituitary-adrenal function...  
without impairing immunity responses.<sup>5-11</sup>

### more dependable than enzymes—

Rapid and complete absorption, without the uncertainty of oral or buccal enzyme therapy.<sup>6</sup>

### more potent than salicylates—

Anti-inflammatory potency of Tandearil markedly superior to aspirin.<sup>12</sup>

Remarkably useful in a wide variety of inflammatory conditions, including: rheumatoid arthritis, spondylitis, osteoarthritis<sup>1-3</sup>; gout<sup>4-5</sup>; acute superficial thrombophlebitis<sup>6</sup>; painful shoulder (peritendinitis, capsulitis, bursitis, and acute arthritis of that joint)<sup>7</sup>; severe forms of a variety of local inflammatory conditions<sup>8-10</sup>.

The physician should be thoroughly familiar with the dosage, side effects, precautions and contraindications of Tandearil before prescribing. Full product information available on request.

Rousselet, L. M.: Am. J. Surg. 97:429, 1959.  
10. Summary of individual case histories submitted to Geigy. 11. Domenjoz, R.: Ann. N. Y. Acad. Sc. 88:263, 1960. 12. Smyth, C. J.: Ann. N. Y. Acad. Sc. 88:292, 1960.

Geigy Pharmaceuticals  
Division of Geigy Chemical Corporation  
Ardsley, New York

With proper medical management and adequate control of seizures, epileptic persons may lead productive, functioning lives.<sup>1,2</sup> To implement this goal, many clinicians rely on DILANTIN for outstanding control of grand mal and psychomotor attacks. "In most cases DILANTIN is the drug of choice.... Toxic symptoms are uncommon and when they do appear they are usually readily controlled; the drug is inexpensive, and widely available."<sup>3</sup> DILANTIN Sodium (diphenylhydantoin sodium, Parke-Davis) is available in several forms, including Kapseals, 0.03 Gm. and 0.1 Gm., bottles of 100 and 1,000.

other members of the PARKE-DAVIS FAMILY OF ANTICONVULSANTS for grand mal and psychomotor seizures: PHELTANTIN® Kapseals (Dilantin 100 mg., phenobarbital 30 mg., desoxyephedrine hydrochloride 2.5 mg.), bottles of 100.

for the petit mal triad: MILONTIN® Kapseals (phen-suximide, Parke-Davis) 0.5 Gm., bottles of 100 and 1,000; Suspension, 250 mg. per 4 cc., 16-ounce bottles. CELONTIN® Kapseals (methsuximide, Parke-Davis) 0.3 Gm., bottles of 100. ZARONTIN® Capsules (ethosuximide, Parke-Davis) 0.25 Gm., bottles of 100. See medical brochure for details of administration and dosage.

(1) Carter, S.: *M. Clin. North America* 37:315, 1953.  
(2) Maliby, G. L.: *J. Maine M. A.* 48:257, 1957.  
(3) Crawley, J. W.: *M. Clin. North America* 42:317, 1958.

**DILANTIN®**  
SODIUM KAPSEALS®  
**HELPS KEEP HIM  
IN THE  
MIDST OF THINGS**

**PARKE-DAVIS**

PARKE, DAVIS & COMPANY, Detroit 27, Michigan

**THIS  
TRACK  
OFFICIAL  
HAS  
EPILEPSY...**

sengers—and charters for \$2,000 a week for one or two weeks, \$1,500 weekly for three or more weeks. There's an added \$10 charge per day per person to cover grub, fuel, laundry, port charges, and extras. A 56-foot schooner in the Virgin Islands, with two double staterooms, quotes \$750 a week; \$1,400 for two weeks; \$2,000 for three; and \$650 a week for four weeks or more. There's also a \$6-per-person-per-day food bill. A motor cruiser out of Nassau advertises \$600 a week for a party of four—plus food, dockage, and such—and has an all-expense package deal of \$185 a week apiece for a minimum of four people (she can take six).

Roughly speaking, these figures give you a price range of from under \$30 to nearly \$50 per person per day. You can do it for less if you shop around. Not long ago, converted Down East coasting schooners were offering a six-day cruise for \$100 a person.

Where and when to go? For a summer cruise, consider the cool shores of Maine, British Columbia, or Lake Huron's

North Channel. In spring or fall, you might want to discover Chesapeake Bay or the San Juan Islands of Puget Sound. In winter there's Florida and the West Indies. You may prefer a cruise that features gaiety, from fashionable resort to famous shore-side restaurant to care-free marina party. Or one that heads for sport fishing. My own ideal cruise is on lonely waters, where I can anchor, loaf, and swim in little-frequented harbors.

The most expert getter-away-from-it-all I know is Dr. Paul B. Sheldon, who keeps his 37-foot ketch, Seacrest, up at Cape Breton Island in the Maritime Provinces. Every summer he slips away from his New York City practice for a few weeks' cruise along the bleak, primitive Labrador coast.

If you really crave new scenes, why not visit the Hawaiian Islands this year and the Adriatic next? Hawaii and Greece have boats for charter. Unusual to plan for two consecutive cruises? The odds are you won't think so after you've taken your first. END



Schering

to  
scratch  
or not  
to scratch...?

there is no question  
in allergic dermatoses

## POLARAMINE

rapid relief of itching, associated symptoms

POLARAMINE provides unexcelled antihistaminic effectiveness with minimal dosage for your patients with allergic dermatoses. Itching, inflammation quickly cease, exudation markedly diminishes and healing commences. Your patients look better, feel better because the rapid improvement you can expect with POLARAMINE helps resolve unsightly lesions and controls itching—puts an end to uncomfortable days and sleepless nights.

For daylong or nightlong control, POLARAMINE REPEATABS®, 4 and 6 mg., afford prolonged relief, eliminate repeated taking of medication.

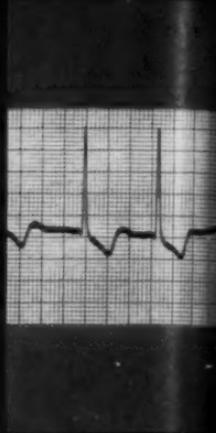
Also available as Tablets, 2 mg., and Syrup, 2 mg./5cc. For complete details, consult latest Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Bloomfield, New Jersey.

POLARAMINE® Maleate, brand of deschlorpheniramine maleate.

*before  
treatment*



Cardiac enlargement and  
pulmonary congestion.

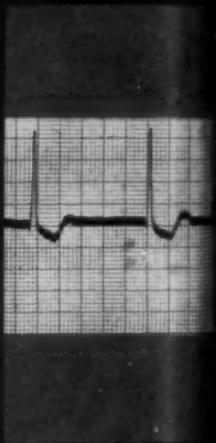


Left ventricular strain and hypertrophy (ST depression in Leads I, aVL, V5, V6) with hemi-hypertrophy.

*after one month  
on  
HYDROPIRES\**



Reduction in heart size and  
clearing of congestion.



Changes toward normal  
(less ST depression).

Very little

\*case report

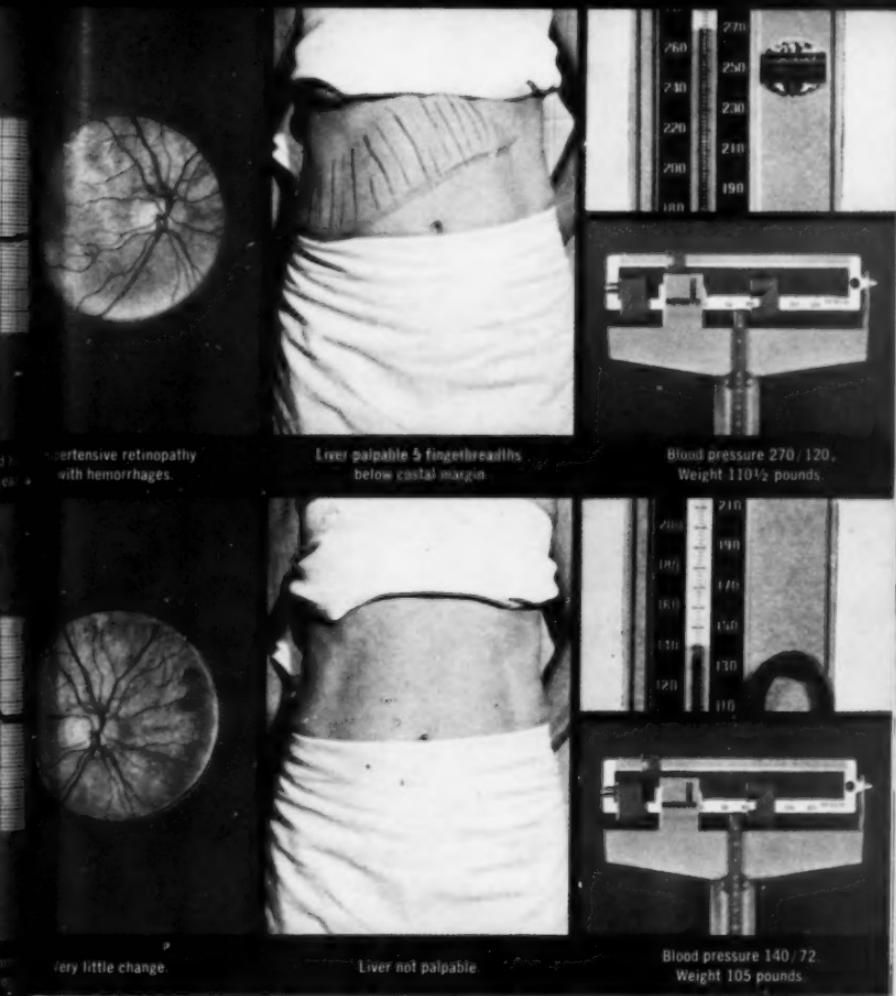
**effective by itself in many hypertensives...  
indicated in all degrees of hypertension**

# HYDROPIRES

**HydroDIURIL® with RESERPINE**  
HYDROCHLOROTHIAZIDE

MSD MERCK

XUM



### **HYDROPRES-25**

25 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg. reserpine per tablet. One tablet one or four times a day.

also available:

### **HYDROPRES-Ka<sup>†</sup>25**

25 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg. reserpine, 572 mg. potassium chloride (equivalent to 300 mg. potassium) per tablet.

It is essential to reduce the dosage of other antihypertensive agents, particularly the ganglion blockers, by at least 50 per cent immediately upon addition of these agents or of HYDROPRES Tablets to the regimen.

Before prescribing or administering HYDROPRES, the physician should consult the detailed information on use accompanying the package or available on request.

### **HYDROPRES-50**

50 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg. reserpine per tablet. One tablet one or two times a day.

### **HYDROPRES-Ka<sup>†</sup>50**

50 mg. HydroDIURIL hydrochlorothiazide, 0.125 mg. reserpine, 572 mg. potassium chloride (equivalent to 300 mg. potassium) per tablet.

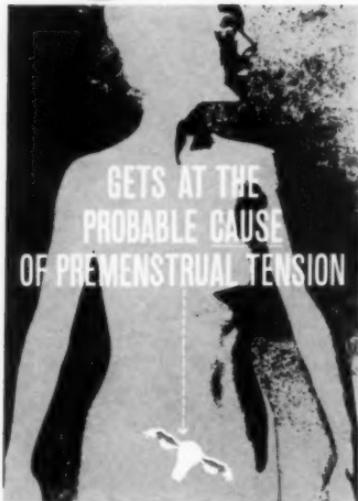


MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., WEST POINT, PA.

HYDROPRES, HYDROPRES-Ka, AND HYDRODIURIL ARE TRADEMARKS OF MERCK & CO., INC.

# Cytran<sup>†</sup>

Upjohn



## to restore hormonal balance...

**CORRECTIVE THERAPY** Because Cytran contains the new progestin, Provera®, you can now reach the probable cause of premenstrual tension—hormonal imbalance. The estrogen-progesterone ratio is adjusted to more normal premenstrual balance. Abdominal discomfort, shakiness, fatigue—symptoms incompletely controlled by mere symptomatic treatments—are often effectively relieved.

## to comfort the patient...

**SYMPTOMATIC THERAPY** An effective diuretic (Cardrase\*) and a mild tranquilizer (Levanil\*) afford symptomatic relief during the time required to effect basic correction. They also supplement the activity of Provera in those patients in whom restoration of hormone balance does not completely eliminate edema and anxiety/tension.

### Each tablet contains:

|                                       |         |
|---------------------------------------|---------|
| Provera (medroxyprogesterone acetate) | 2.5 mg. |
| Cardrase (ethoxzolamide)              | 35 mg.  |
| Levanil (ectylurea)                   | 300 mg. |

**Usual dosage:** 1 to 2 tablets daily, 5-10 days before the period. **Supplied:** As layered tablets in bottles of 20 and 100. **Precautions:** Side effects following the use of Cytran are rare. The patient should be observed for possible sensitivity to one or more of the components. Drowsiness, if seen, may be relieved by decreasing the dosage. **Contraindications:** Cytran should not be used in patients with abnormal uterine bleeding until malignancy and all other organic pathologic conditions have been ruled out. Carbonic anhydrase inhibitors should not be administered in the presence of renal failure, hyperchloremic acidosis, Addison's disease, or any condition involving depressed sodium and/or potassium levels. Caution must be observed in the presence of symptomatic hepatic cirrhosis as acidosis may develop. Tranquilizing agents, generally, are not indicated in true depressive states without concomitant anxiety.

\*TRADEMARK

†TRADEMARK, REG. U. S. PAT. OFF.

THE UPJOHN COMPANY • KALAMAZOO, MICHIGAN

Ho  
bla

The s  
How  
bland  
eye a  
patie  
with s  
butter  
salad  
whipp

Diet p

# How to help your patient stick to a bland diet

The secret ingredient in a successful diet is acceptance. How much easier it is for the patient to stay with a bland diet if it includes dishes like these that please the eye as well as the palate. Pictured: tender broiled meat patties made with crushed corn flakes and water, flavored with salt and thyme, tender peas and carrots mixed, and buttered baked potato. For color there's molded gelatin salad and a pretty-as-a-picture dessert: lime gelatin whipped with applesauce and topped with custard sauce.



*A glass of beer  
can add zest  
to a  
patient's diet.*

pH 4.3  
(Average of American Beers)



Diet patients welcome appetizing dishes like these.

United States Brewers Association, Inc.

For reprints of this and 11 other diet menus,  
write us at 535 Fifth Avenue, N. Y. 17, N. Y.



## IN ACNE smooth the skin— cheer the patient

Use of pHisoHex for washing the skin augments any other therapy for acne—brings better results. Now, pHisoAc Cream, a new acne remedy for topical application, suppresses and masks lesions—dries, peels and degerns the skin. Together, pHisoHex and pHisoAc provide basic complementary topical therapy for acne.

pHisoHex, antibacterial detergent with 3 per cent hexachlorophene, removes soil and oil better than soap—provides continuous degerning action when used often. pHisoHex is nonalkaline, nonirritating and hypoallergenic.

When pHisoAc Cream is used with pHisoHex washings, it unplugs follicles,

helps prevent development of comedones, pustules and scarring. New pHisoAc Cream is flesh-toned, not greasy. It contains colloidal sulfur 6 per cent, resorcinol 1.5 per cent, and hexachlorophene 0.3 per cent in a specially prepared base.

A new "self-help" booklet, *Teen-aged Have acne? Feel lonely!*, gives important psychologic first aid for patients with acne and describes the proper use of pHisoHex and pHisoAc. Ask your Winthrop representative for copies.

pHisoAc is available in 1½ oz. tubes and pHisoHex is available in 5 oz. plastic squeeze bottles and in bottles of 16 oz.

# pHisoHex® and pHisoAc® for acne

trademark

**Winthrop**  
LABORATORIES  
New York 18, N.Y.

# Three of these women have vaginitis (trichomonal, monilial or mixed). Only comprehensive therapy can reach all three.

For every 2 cases of vaginitis caused by *Trichomonas vaginalis* alone, there is usually 1 case caused by *Candida (Monilia) albicans*, *Haemophilus vaginalis*, or mixed infection involving several pathogens.<sup>1-3</sup> You can reach all of these vaginitis patients with the comprehensive vaginal preparation effective against *C. albicans*, *H. vaginalis* and other bacterial pathogens, *in addition to T. vaginalis*.

1. *Forman for weekly application in your office:* Furoxone® (furazolidone) 0.1% and Micorin® (nifuroxime) 0.5%, in an acidic water-soluble base. 15 Gm. plastic squeeze bottle. 2. *SUPPOSITORIES for continued home use:* first week 1 in the morning and 1 on retiring. For first week, 1 at night may suffice. Continue treatment during menses and throughout menstrual cycle and for several days thereafter. Contain MICORIN 0.575% and FUROXONE 0.25% in a water-miscible base. Boxes of 12 or 24 suppositories with applicator.

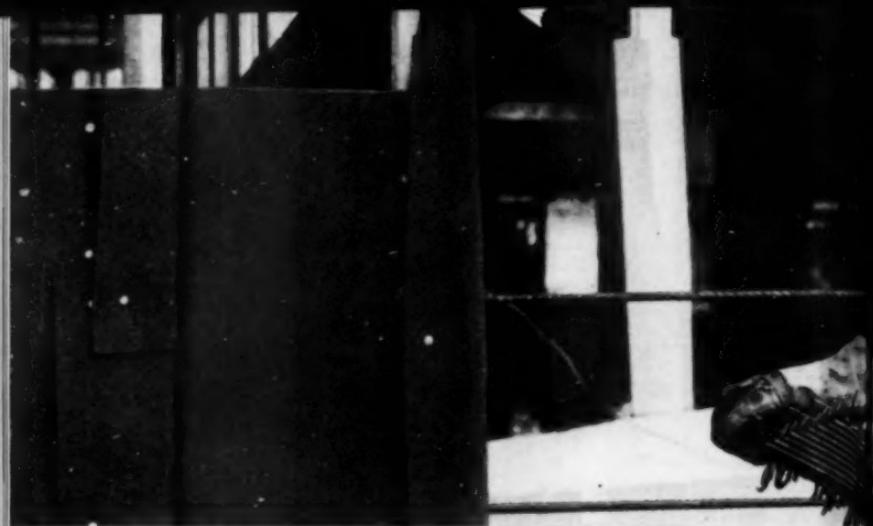
# TRICOFURON

Improved.

1. Coolidge, C. W.; Glisson, C. S., Jr., and Smith, A. A.: J. M. A. Georgia 48:167 (Apr.) 1959. 2. Ensey, J. E.: Am. J. Obst. & Gynec. 77:135 (Jan.) 1959. 3. Frech, H.C., and Lanier, L.R., Jr.: J. M. A. Georgia 47:493 (Oct.) 1958.

EATON LABORATORIES  
Division of The Norwich Pharmacal Company  
NORWICH, NEW YORK





# Put your low-back patient back on the payroll

*Soma's prompt relief of pain and stiffness  
can get your low-back patients back  
to work in days instead of weeks*

Soma is unique because it combines the properties of an effective muscle relaxant and an independent analgesic in a single drug.

Thus with Soma, you can break up both pain and spasm fast, effectively . . . help give your patient the two

things he wants most: relief from pain and rapid return to full activity.

Soma is notably safe. Side effects are rare. Drowsiness may occur, but usually only with higher dosages. Soma is available in 350 mg. tablets. USUAL DOSAGE IS 1 TABLET Q.I.D.

*The muscle relaxant with an independent pain-relieving action*

# SOMA®

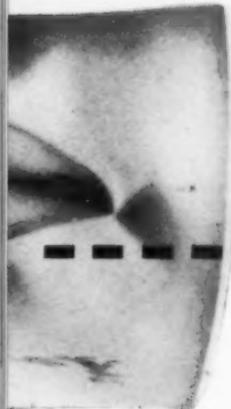
(carisoprodol, Wallace)

W Wallace Laboratories, Cranbury, New Jersey



**How you can help save  
your patients a month's pay**

Kestler reports in J.A.M.A. (April 30, 1960) that conventionally treated low-back syndrome patients required an average of 41 days for full recovery (range: 3 to 90 days). The addition of Soma therapy in this comparative investigation reduced the average to 11.5 days (range: 2 to 21 days). With Soma, patients averaged full recovery 30 days sooner.



## Does the A.M.A. heed your

*It probably does—according to this survey—on at least seven major issues out of ten. Doctors who aren't satisfied with this record feel they're inadequately represented. Here's what they'd like done*

By Herbert H. Kauffman

Three weeks from today, some 15,000 doctors will gather in New York City for the annual meeting of the A.M.A. About 200 of them will be there as the voices and votes of their home-state colleagues. These delegates will listen to a score of speeches, hash over dozens of problems, and then decide what stand medicine is going to take on a variety of issues.

If you've ever sat in on one of these sessions, you've probably noticed that most of the delegates have a lot in common. Age, for one thing: The typical delegate is 59 years old. They're

almost all specialists. Most have served long apprenticeships in county and state society offices before being tapped for the House of Delegates. Significantly, almost all the delegates will go to the meeting without binding instructions from their constituents.

Do these delegates really speak for the nation's physicians? To find out, MEDICAL ECONOMICS asked a representative sample of U.S. doctors in private practice to vote on ten controversial questions on which the A.M.A. has announced its policies. The box

on page  
a nota  
seven c  
of Dele  
domina  
medica

On fi  
cial m  
clear m  
sponde  
tions, t  
pluralit  
issues,  
respons  
policy.

Shou  
sicians  
Securi  
peatedly  
But th  
cent of  
such co  
votes in  
Social  
among  
the No  
those in  
through

## ed our views?

---



on pages 78-79 gives the A.M.A. a notably clean bill of health: In seven cases out of ten, the House of Delegates' policies reflect the dominant views of rank-and-file medical men.

On five of the ten issues, official medicine is backed by a clear majority of the survey respondents. On two other questions, the A.M.A. policy gains a plurality of votes. But on three issues, a clear majority of the responses *don't jibe* with A.M.A. policy. The three upsets:

*Should all self-employed physicians be included under Social Security?* The A.M.A. has repeatedly voted no on this issue. But the survey shows 51 per cent of the respondents are for such coverage. Analysis of the votes indicates that support for Social Security is heaviest among physicians practicing in the Northeast, weakest among those in the West. Rural doctors throughout the country emphat-

ically reject Social Security by a margin of 70 per cent to 30 per cent.

*Should full-time medical school teachers (M.D.s) refrain from having private practices?* Yes, says the A.M.A. No, say the survey respondents. The vote against this A.M.A. policy stand is 53 per cent to 38 per cent; 9 per cent have no opinion. M.D.s in group practice, however, form an identifiable bloc by voting with the A.M.A. The margin: 52 per cent to 44 per cent; 4 per cent have no opinion. (One surveyed M.D., a professor of surgery, finds this

## ...Your associates

understandable. "Medical school teachers run their private practices on group lines," he says. "In the cities where they exist, nonschool groups see them as competitors and vote accordingly.")

*Should Blue Cross exclude hospital out-patient services from its benefits?* It should, the A.M.A. says—at least where these services are medical in nature. But a surprising 63 per cent of the surveyed M.D.s dis-

## What rank-and-file M.D.s think

MEDICAL ECONOMICS asked a representative sample of private physicians to vote on ten vital issues that face organized medicine today. The results follow. (All votes agree with A.M.A. policy, except the three starred.)

| Question  | How they answered |     |            |
|---|-------------------|-----|------------|
|   | Yes               | No  | No opinion |
| 1. Should hospital care for the aged be financed by Social Security?                                      | 20%               | 77% | 3%         |
| 2. Should any doctors' services for the aged be financed by Social Security?                              | 20                | 75  | 5          |
| 3. Should M.D.s be allowed to teach in osteopathic colleges accredited by the American Osteopathic Assn.? | 37                | 47  | 16         |
| 4. Should all self-employed physicians be included under Social Security?                                 | 51★               | 46  | 3          |
| 5. Should full-time medical school teachers (M.D.s) refrain from having private practices?                | 38                | 53★ | 9          |

agree. An age analysis of the total vote shows young doctors (under 5 years in practice) rebelling 73 per cent to 20 per cent; 7 per cent have no opinion. And G.P.-respondents of all ages are against the A.M.A. on

this issue 71 per cent to 23 per cent; 6 per cent have no opinion.

The voting on the remaining seven issues finds a healthy majority of surveyed doctors in support of the A.M.A. It's interesting to note that the minority

## Ds think of A.M.A. policies

### Question

6. Should hospitals refrain from hiring M.D.s to provide medical services on a salaried basis?
7. Should Blue Cross exclude hospital out-patient services from its benefits?
8. Should surgical patients be sent one itemized bill covering services of both family doctor and surgeon?
9. Should M.D.s refrain from serving on closed-panel medical service plans?
10. Should foreign medical school graduates be excluded from U.S. internships and residencies if they don't pass the E.C.F.M.G. exam?

### How they answered

| Yes | No | No opinion |
|-----|----|------------|
|-----|----|------------|

|     |     |    |
|-----|-----|----|
| 60% | 33% | 7% |
|-----|-----|----|

|    |     |   |
|----|-----|---|
| 32 | 63★ | 5 |
|----|-----|---|

|    |    |    |
|----|----|----|
| 32 | 55 | 13 |
|----|----|----|

|    |    |    |
|----|----|----|
| 48 | 31 | 21 |
|----|----|----|

|    |    |   |
|----|----|---|
| 74 | 19 | 7 |
|----|----|---|

## ...Your associates

opposition to the A.M.A. stand on most of these issues comes from M.D.s in the Northeastern states.

Two final questions were fired at the surveyed doctors. These questions were designed to test the rank-and-file physician's feelings about the adequacy of his representation when big issues are on the agenda of his House of Delegates—national or state. Here are the questions—and the answers:

1. *Do delegates to A.M.A. and state society meetings know how the majority of their constituents feel on debatable issues?* They do, say 62 per cent of the voters. They don't, say 38 per cent. In the Far West, 69 per cent of the surveyed doctors think their delegates know the views of their home folks; in the Northeast, it's only 51 per cent. In country areas, 81 per cent of voters say their representatives *do* know their opin-

### Have you voted on these issues?

The MEDICAL ECONOMICS survey shows a relatively small percentage of M.D.s who claim to have been polled by their societies on important issues. The breakdown:

| Issue  | Polled |
|--|--------|
| Hospital care under Social Security .....          | 11%    |
| Doctors' services under Social Security .....      | 10     |
| M.D.s teaching in osteopathic colleges .....       | 1      |
| M.D.s' inclusion under Social Security .....       | 34     |
| M.D.-teachers in private practice .....            | 1      |
| Hospitals hiring M.D.s on salaried basis .....     | 2      |
| Out-patient services under Blue Cross .....        | 2      |
| Itemized bills for surgical patients .....         | 1      |
| M.D.s serving on closed-panel plans .....          | 4      |
| Exclusion of foreign medical school graduates .... | 4      |

ions; in cities, 41 per cent say they don't.

*2. In general, do you feel your opinions are getting due weight?* Only 39 per cent answered yes, 33 per cent no, 28 per cent no opinion. Any group strong either way? The Far West, with 49 per cent satisfied. Who are the most dissatisfied? The 45 per cent who last year dropped in only occasionally at their local society meetings.

Doctors who aren't satisfied with their delegates have plenty of suggestions for improving representation. What bothers them is that the minority viewpoint seldom finds expression in the A.M.A. House of Delegates. What they want is more *democracy* in organized medicine—at all levels. Here are three proposals they mention frequently:

*Give all points of view an airing.* "Why is it that we hear only one side of every issue?" complains an M.D. from Oregon. "Dissident opinions are always bottled up." And a North Carolina dermatologist says: "Our medical society never discusses anything controversial. Such subjects are always buried

in a committee for 'further study.'" Here's what some doctors suggest as a remedy:

A Texas neurosurgeon: "Smaller society sections. Our county organization is too large. It needs to be broken down for more give-and-take. Democracy works best in small groups."

A Kansas ENT man: "Full discussions of each controversial topic in the monthly society bulletin. One author should present the pros and another the cons."

A New Hampshire pathologist: "Larger delegations to the A.M.A. After all, our state has only one delegate. How can he represent more than one side of a question?"

A Nevada urologist: "A bicameral voting procedure in the A.M.A. House of Delegates. Representatives should vote first as individuals and then as states. In order to pass, a motion would have to win the majority vote both times."

*Sound out the membership.* "The issues considered at the A.M.A. are rarely discussed beforehand at our county society meetings," says a Seattle al-

lergist. "That, plus the poor meeting attendance, keeps our delegates from knowing how the membership feels. So they usually vote according to their personal convictions." A G.P. from New York agrees: "Most delegates know only the views of their closest associates, their clinical society confrères, and a small number of doctors they meet during rounds."

The solution? "A postcard poll of the entire A.M.A. membership on each important issue," suggests a Colorado surgeon. "With the results published so that we all know where we stand," an Illinois pediatrician adds.

But sounding out the membership isn't enough, according to some of the surveyed doctors. "Once the members have voted, the delegates should be *obligated* to follow their mandate," says an Ohio M.D. "In a recent poll, the majority of Ohio doctors voted for Social Security coverage. But our delegates voted against it at the A.M.A. A Midwestern G.P. echoes this complaint: "I'm for putting each policy question to a vote

and instructing the delegates on the basis of the results."

*Revamp election procedures.* Still another criticism is aimed at the way state societies choose their delegates. Suggests one California internist: "Let's abolish the self-perpetuating election system that moves one man from the society secretaryship on up to the presidency and the state delegation. Under this system, one group of doctors can control a society for years." And a surgeon asks: "Why don't we get rid of the idea that a state society can't be represented at the A.M.A. except by old, experienced 'medical politicians'? A delegate should serve no more than two terms."

How can election methods be improved? Several surveyed doctors would like to see more campaigning for county and state society offices. Says one: "Each nominee should write a statement of his beliefs on particular issues. Then every M.D. could vote for the man who best represents his point of view. In turn, the elected officers would pick state delegates to speak for different factions within the so-

society. That way we might have both a minority and a majority represented."

Still other doctors criticize nominating committees that select only one candidate for each position. "I, for one, won't vote when I have only one choice," snorts one physician. "If the nominating committee wants a certain doctor to have the honor, that's all right. But when it doesn't offer another choice, it forecloses the democratic proc-

ess. The American way is to present several candidates."

"Democracy works both ways," retorts another M.D. "Any doctor can come to the society meeting and nominate his candidate from the floor." And clearly, there's the rub. Of the doctors surveyed by this magazine only 50 per cent say they attend more than half their county society meetings, and 21 per cent don't go to any. As a Pennsylvania G.P. puts it: "I



**"Mary's husband has high blood pressure; Joyce's husband has ulcers;  
Maude's husband has migraine; and you—you lazy  
bum—you don't have nothin'!"**

guess it's my fault that I don't like the way things are. I don't go to meetings and express my opinions."

Should representation depend solely on attendance at meetings? Not all the surveyed doctors think so. Says one G.P.: "We general practitioners are too busy to attend local meetings. Thus it's the responsibility of the medical society leaders to seek out our opinions."

If rank-and-file members are not getting enough say in medical policy, it isn't an exclusive problem with organized medicine. The Rockefeller Panel Report on American Democracy finds that an increasing number of large associations are run

from the top. The reason, says the report, is that the problems they deal with are becoming more and more complex.

Does this forecast even less democracy for organized medicine? It needn't—if the A.M.A. encourages local societies to use more democratic procedures. That would clearly be a move toward insuring a stronger voice for minority opinion in national counsels. For as the Rockefeller Report concludes, "Neither bigness nor bureaucracy need be the inherent enemy of individual freedom so long as the deliberate and active object of our democracy is to spread the experience of self-government as widely as possible." END

---

## Cookout

An attractive, well-built young lady, still wearing her bra, sat on my examination table awaiting a routine gynecological examination. On a near-by counter, a timer for a sedimentation test clicked away. As I approached the patient, three things happened almost simultaneously: I said, "Please take off your bra"; the timer bell went off; and she exclaimed, "Time to take out the cookies!" —*Monroe A. Rosenbloom, M.D.*

## Hospital's patients get à la carte meals

Keeping hospitalized patients happy might be easier if your hospital adopted a dietary plan that's proving effective in Chicago. One general hospital there is offering a menu that it proudly describes as "comparable to those of the finest restaurants." And it hasn't had to raise room rates to accomplish it.

Each morning, private and semiprivate patients in the 424-bed Mount Sinai Hospital and Medical Center are given a menu that most hospital patients can only have daydreams about.

Lunch offers them a choice of two soups, eight hot and five cold entrees, and seventeen desserts.

For dinner, the patients can choose among entrees that include Trout Amandine and Rock Cornish Game Hen. They can even have wine if their doctor allows it. And this is all included in daily room rates that run from about \$21 for semi-

private up to \$36 for private patients.

How can a hospital manage to cook to order for several hundred patients without raising its rates?

"Our kitchen system has been streamlined wherever possible," explains Food Manager Jay Decatur. "Our dishwashing is almost completely automatic, and we even slice our roasts by machine. In the last five years we've cut our kitchen staff from 110 people working forty-four hours a week to fifty people working forty."

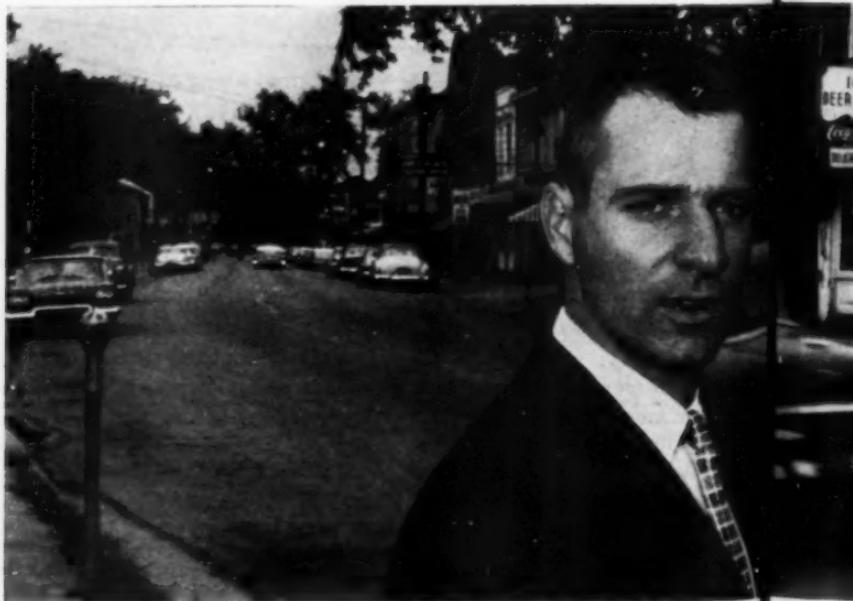
A hospital dietitian who helps patients choose each day's meals also helps cut costs. "Patients order only what they want, and usually eat almost everything they're sent," Decatur says. "It virtually eliminates left-overs."

As for patients' reaction, Mt. Sinai's dietitian, Alice E. Hopper, says the new menus have "received acclamation." But she notes wryly that "most patients still prefer roast beef and other old favorites" to Duck à l'Orange or Beef Stroganoff Imperial. END

# *What it's like to practice in your home town*

*Are you nostalgic for the old, familiar surroundings?  
Do you ever think of going back? First read what  
some experienced 'native son' doctors have to say about it*

*By Reuben Barr*



Do you ever suspect you'd be happier practicing in the familiar environment of your boyhood? Then you'll be interested in the findings of a recent study made by RISS, this magazine's companion publication for residents, internes, and senior students.

Dozens of "home-town" doctors answered a questionnaire about their experiences. These men range in age from 28 to 58.

They live in communities of from 3,000 to about a million. And they've been practicing in their home towns anywhere from one to twenty-eight years.

Judging from their replies, home-town practice does have some advantages—except in cities so large that even a native can feel like a stranger in most neighborhoods. But it also presents problems.

As you'd expect, a home-town doctor usually gets off to a flying start. Since he knows and is known by the community, he can generally count on getting patients quickly—friends, friends of friends, and referrals from doctors he knows.

"But as soon as the welcome-home parties are over," says an Ohio internist, "you begin running into life's little realities. I started practice with my father, and it didn't take long to dis-

*A G.P. who was unhappy starting out in his home town is Dr. R. K. Lancaster of New Richmond, Ohio. Friends there took too much of his time as patients. So he moved to Cincinnati.*

## ...Your practice

cover that I was going to inherit his enemies along with his practice."

A California pediatrician comments: "The other doctors in town didn't stay friendly. Their referrals seemed to decline mysteriously as my practice began to grow." Adds a Texas internist, "Other doctors sure helped me a lot: They wished off all their dead-beat patients on me!"

There's seemingly no good answer to the problem of the friend-turned-patient. This is most troublesome in small towns where a good percentage of the doctor's patients may well be people he knew as a child.

Sometimes the hitch is chiefly that old friends can't take him seriously. For example, a Pennsylvania G.P. says, "I was quite pleased when one of my old grade school teachers showed up. But she thought she could still order me around—even when it came to prescribing her treatment."

A small-town Iowa G.P. says, "Most of my patients remember me as the runny-nosed kid who used to deliver their papers."

A Pennsylvania urologist complains that he can't treat old friends objectively because he gets emotionally involved in their problems. "Frankly, I wish they'd all go to someone else for treatment," he says.

But a California OB/gyn man whose friends *did* go elsewhere wasn't satisfied either: "I noticed that most of the girls I'd known in high school weren't coming to me as patients. In talking with their husbands at Rotary lunches, I learned that they were embarrassed to see me professionally."

Most home-town doctors say they have no unusual trouble setting or collecting fees. On the other hand, a good many are disturbed by the need to discuss money matters with friends.

"Free medicine is what too many of my friends want," remarks a Missouri surgeon. "They're always asking my opinion of the treatment they're getting from another doctor." A Maryland G.P. adds: "Free house calls for my friends are only one of my problems. There are also the calls on my private wire and the hours I spend talk-

A G.I.  
in hu  
four y  
of Ba  
vice;  
as a

ing ov  
lems.  
about  
too m

"I  
ask fo  
old ac  
never  
sey op  
barra  
friend  
writes

Pat  
troubl  
feelin  
tors, t  
just a  
munit  
their  
have  
location  
ware  
get aw  
to be  
dency  
waiting

A G.P. who's practiced happily in his home town for twenty-four years is Dr. Clark W. Royer of Battle Creek, Mich. His advice: If a friend consults you as a patient, treat him as one.

ing over friends' personal problems. There's nothing I can do about it. I value their friendship too much."

"I keep getting patients who ask for credit on the basis of old acquaintanceship, and then never pay up," says a New Jersey ophthalmologist. "I feel embarrassed to have to charge my friends," a Detroit pediatrician writes.

Patient-relations and fee troubles may account for the feeling, shared by half the doctors, that they'd have made out just as well in a strange community. Still, only a handful say their practices would probably have grown *faster* in another location. One of these, a Delaware G.P., says, "You have to get away from your own town to be stimulated. There's a tendency at home to sit around waiting for someone to help you



out. You just don't try as hard as a stranger might."

Some men have had a very different experience, though. "When I joined my father's practice a few years ago," reports an Oregon internist, "many people commented on what a cinch I had starting out with a ready-made following, paid-for equipment, and free office space. To prove them wrong, I've been working twice as hard as any other doctor in town. But the old song about my easy life never changes."

With all its drawbacks, is

home-town practice none the less a good idea? An indication of the answer: About 75 per cent of the queried doctors say they'd begin practice in the old place if they had it to do over again, but they wouldn't remain there. About half (including many long-established men) say that even now they'd like to move away.

Many of these doctors would apparently prefer a better climate. Some complain that they can't collect enough fees to make a decent living. One big-city

surgeon wants the life of a country doctor, while a small-town G.P. longs to get away from what he calls "the intellectual and cultural desert of my small town."

So, while most of the surveyed men look on their home communities as good jumping-off spots, they're far from sold on the old stamping grounds as a lifetime setting. You may find this a sobering thought next time you start yearning for what might have been had you gone back. END

---

### To the treetops!

During my training at New York's Bellevue Hospital, I attended classes at the dermatology clinic. One day, an odd-looking woman came in for treatment. She immediately began a line of chatter about her skin complaint, interrupting it only to speak now and then to a handbag hung over her shoulder. We were mystified until we finally discovered the bag contained her pet squirrel. After she'd left, the attending physician turned to the class and said: "Gentlemen, I've seen a squirrel carrying a nut before. But this is the first time I've seen a nut carrying a squirrel." —Richard H. Phillips, M.D.

*For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.*



## Practice management question box

The queries below are selected from many that doctors have addressed to MEDICAL ECONOMICS in recent weeks. The answers reflect the judgment of a panel of two physicians and four management consultants. Other Q.s and A.s will appear in forthcoming issues. If you have a question of general interest to your colleagues, you're invited to submit it.

*Q. My aide has been with me a year. Recently, I found out she'd been fired from two previous jobs that she didn't list when she filled out her employment history form. At first I considered firing her. But now I wonder. A good aide is hard to get, and I haven't had any problems with this girl or her work. What does your panel think I should do?*

A. If she was fired for dishonesty, she's obviously a risk. If she was fired for other reasons, hadn't you better find out what they were? The panel thinks you should: (1) Check with all her past employers; and (2) decide whether her behavior during her year with you warrants overlooking her past record.

*Q. I wonder whether the time my aide spends writing collection letters is worth while. I'd like to send out nothing but prepared cards or stickers with my overdue bills. What's your feeling on this?*

A. The panel is unanimous in feeling that printed cards and stickers are unprofessional. Why not tabulate the results of your collection letters? It's not uncommon, say professional

management men, to get an average return of \$3-\$5 per letter over a period of time. That's worth while, isn't it?

*Q. I'm a solo board-certified OB/gyn. man. I want to take on an assistant and eventually make him a partner. What are the going rates for an assistant's salary?*

A. The range for this specialty seems to run between \$12,000 and \$14,000 these days, although regional and other variations make it difficult to set an upper limit. Be sure you specify whether the salary includes paid vacation and sick leave and such fringe benefits as health insurance and medical society dues. END

### **Leaflets for newcomers help them choose M.D.**

When newcomers move to your town, they probably don't line up a doctor until they need one on the double. Then their efforts to locate one can make the whole medical community look bad. (You've seen the headlines: "Called 16 Doctors Before One

Would Come".) To make newcomers doctor-conscious from the start, a lot of medical societies are distributing leaflets through the traditional Welcome Wagon. Here's a sampling of the leaflets' contents:

*Family medical care.* Charlotte, N.C., doctors tell new residents to "take immediate steps to select a family doctor now—before the need arises. See the doctor in his office for a brief get-acquainted visit . . ." A pamphlet from Westchester County, N.Y., tells newcomers to call the county medical society for "the names of, and general information about, qualified general practitioners and specialists in your community." In Alice, Tex., a Welcome Wagon letter refers newcomers to the classified telephone directory for help in choosing one of the town's twelve physicians. In San Diego, Calif., the county medical society sends out cards entitling the bearer to a free get-acquainted visit with a local physician.

*Emergency care.* Most of the leaflets give the local emergency call number. But in Cincin-

nati, Ohio, doctors remind newcomers that people who have a family physician seldom need the emergency number.

**Hospital care.** A pamphlet circulated in Little Rock, Ark., lists the local hospitals with pictures and descriptions of their up-to-date facilities. A leaflet from Springfield, Ill., gives the telephone numbers of two hospital emergency rooms.

**Medical costs.** Many of the leaflets also discuss doctors' fees and health insurance. Says one from Tulsa, Okla.: "You will find that most Tulsa doctors charge a reasonable fee . . . If you are dissatisfied with the fees charged for any care, you are urged to discuss this personally with the doctor. For cases where doctor and patient cannot come to an agreement, the Tulsa County Medical Society maintains a Grievances Committee to hear patient-complaints." And a Rockford, Ill., leaflet reminds newcomers "to cushion . . . medical care through local . . . [health insurance] plans . . . It's cheaper to prepay than to postpay for medical care."

## TV helps doctors keep medically up-to-date

How's this for painless post-graduate education? If a Utah doctor wants to learn about recent medical advances, he can turn on his TV set any Tuesday evening and dial the state educational channel. For half an



DR. C. HILMON CASTLE  
*Filling a need*

## ...Your practice

hour he can watch an illustrated medical discussion by faculty members of the University of Utah College of Medicine, sponsor of the show. Now in its second year, the program is the only one of its kind on open-circuit television.

Says Dr. C. Hilmon Castle, director of the college's post-graduate education division: "We average about 300 M.D.-listeners a week, or 25 per cent of our potential doctor-audience. Most of the TV clinics run in series of four to eight programs, each series dealing with a subject like congestive heart

failure, the use of antibiotics, etc. We don't advertise the program. We simply send doctors a notice every time we start a new series."

Why do so many doctors take to P.G. study via TV? Dr. Castle claims it's because "there aren't sufficient opportunities for post-graduate medical education by any other means."

Though not a layman's show, it does draw lay viewers. Dr. Castle has no idea how many, but public-reaction surveys indicate one thing: There have been no complaints from patients—or doctors. END

## *Roll in bed*

Applicants to our nursing school are asked to fill in a questionnaire. Among the ordinary questions are a number of tricky ones designed to spot overly neurotic personalities. One such question is: "Do you often have trouble going to sleep? Staying asleep?" After one sweet young thing had answered, "Yes, yes," I talked with her. "I have a terrible time going to sleep, and I sleep very restlessly," she said. When I asked how long this had been going on, she replied: "Ever since I started sleeping with my hair done up in rollers." —*Bernadine Z. Paulshock, M.D.*

# Who says *Blue Shield* is the doctors' plan?

Pennsylvania's precedent-setting Insurance Commissioner has warned the state medical society to stop dictating *Blue Shield* policy. Could this happen in your state?

By Jean Pascoe

Are doctors beginning to lose control of *Blue Shield* as hospitals are losing their grip on *Blue Cross*? A recent event indicates that the answer may well be yes.

A few months ago, Pennsylvania's Insurance Commissioner Francis R. Smith virtually ordered the state's *Blue Shield* plan to stop kowtowing to its sponsoring medical society. Said he: "The organized medical profession has no more . . . right to control *Blue Shield* than does the Bar Association to control judicial offices . . . *Blue Shield* is not the doctors' plan; it's the public's."

To prove he meant business,

the Commissioner rejected a proposal to raise *Blue Shield* fees to doctors for radiation treatments, certain surgical procedures, and medical care in hospitals. He also turned down a *Blue Shield* proposal to pay one in-patient consultation fee per admission and the fees of two doctors working on a single case.

Commissioner Smith wasn't objecting to the new services, but rather to the way *Blue Shield* had arrived at the fees. "In effect you've requested me as Insurance Commissioner to approve all . . . revisions merely on your word that they're fair and reasonable," he

## ...Your fees

told Blue Shield officials. "However, I must require that you demonstrate by concrete evidence that such changes are proper."

To get this additional evidence, he called for (a) an estimate of the number of patients and doctors who would be affected by the proposed changes; and (b) a list showing how much other public agencies, such as the Veterans Administration, pay for the procedures in question.

Commissioner Smith also rejected a proposed Blue Shield health plan for people over 65. His reason: It was too high-priced for most elderly people. What appeared to irk the Commissioner most was the fact that Blue Shield had originally drawn up some sample low-priced policies designed to pay lower fees to doctors, but had abandoned them on the advice of the state medical society.

"It's apparent that the wishes of the medical society determine the type of policy," he said to Blue Shield officials. "Persons or groups representing older people . . . were not

consulted at all. This subordination . . . of Blue Shield to the Pennsylvania Medical Society . . . is serious."

Lastly, he trimmed down a proposed premium rate increase from 26.1 per cent to 21.3 per cent. According to the Commissioner, the Blue Shield directors wouldn't need the extra money in view of his rejection of the proposed higher doctors' fees.

This kind of tough talk is new to Blue Shield. But it's old stuff to Blue Cross. During the last few years, the latter plan has frequently been directed by state officials to stop taking orders from hospital administrators and start cracking down on hospital abuses. In 1958, Commissioner Smith himself barred Pennsylvania's Blue Cross from further rate increases so long as it failed to curb unnecessary hospitalizations.

Now he has advised Blue Shield to follow suit by:

¶ Revising those services that might encourage abuses.

¶ Appointing more laymen to its board of directors.

"Blue  
corpor  
group,

¶ Ma  
rectors  
society

¶ Se  
mittee  
admiss

To m  
dation  
Commis  
rected  
progres  
months  
Could



*"Blue Shield must act as an independent, public-purpose corporation which will not subordinate itself to any group," declares Insurance Commissioner Francis Smith.*

• Making sure its M.D.-directors don't serve as medical society representatives.

• Setting up hospital committees to check unnecessary admissions.

To make sure his recommendations will be carried out, Commissioner Smith has directed Blue Shield to send him progress reports every three months.

Could this kind of control be

established in your state? It probably could. In forty-one states, government officials have some say about Blue Shield contracts to subscribers. In thirty-five states, Blue Shield must notify government officials of all intended premium rate increases. And twenty-four states have some control over Blue Shield fees to physicians. Only nine—California, Colorado, Delaware, Maine, Missouri, Mon-

## 'Blue Shield is the doctors' plan'

Pennsylvania Insurance Commissioner Francis R. Smith claims that Blue Shield is public property and that doctors have no right to control it. His arguments are outlined in the accompanying article. But here's why three Blue Shield officials think he's wrong:

"Commissioner Smith's comparison of doctors' control of Blue Shield with lawyers' control of the courts is fallacious," says Dr. Frank L. Feierabend, member of the board of directors of Blue Shield's national underwriter, Medical Indemnity of America. "The state created the courts. Medicine created Blue Shield. And as its creator, medicine must retain the right to control the plan. Privilege and responsibility can't be divorced."

Dr. Ario A. Morrison, trustee of the National Association of Blue Shield Plans, agrees. Says he: "The vast majority of Blue Shield plans were first financed by the medical profession and then heavily subsidized by reduced medical fees. Some plans are still being subsidized by M.D.s. Certainly Blue Shield must make every effort to operate prudently. But this can be done only with the cooperation of doctors. If over half of Blue Shield's board members were laymen, medical cooperation would soon be lost—and with it the chance of attaining Mr. Smith's objectives."

"Most Blue Shield plans aren't controlled enough by doctors," declares Dr. Alfred P. Ingegno, vice president of New York City's United Medical Service. "Blue Shield deals in doctors' services, not indemnity schedules. To that extent, doctors co-insure the prepayment plan. Therefore, they have very special rights and responsibilities that must be protected. The public interest gets all the protection it needs from state officials and the public-spirited men—doctors as well as laymen—who work together on Blue Shield boards and serve without pay."

tana, Utah, Virginia, and Wyoming—and the District of Columbia exercise little or no control over Blue Shield.

A lot might depend on the extent to which your prepayment plan is doctor-dominated. All but twelve of the nation's sixty-seven Blue Shield plans are governed by a majority of M.D.s. Pennsylvania isn't one of the exceptions. Its board is composed of fourteen M.D.s, two dentists, two D.O.s, and five laymen—giving it a medical flavor that Commissioner Smith wants toned down.

Does this mean that doctors should not have the majority vote on Blue Shield boards? "No," says James E. Bryan, consultant to the National Association of Blue Shield Plans. "If M.D.s were to lose their majority status, their feeling of responsibility for Blue Shield's performance might suffer.

"But they shouldn't have an overwhelming majority," Bryan adds, "if only not to appear self-interested. Organized medicine should strive to give the *public* a voice in Blue Shield affairs. Fortunately, more and

more doctors are realizing the value of having representatives from all segments of the population on their Blue Shield boards." END

### **Let hard-up patients set their own fees?**

Ever have trouble setting a fee for a patient who's genuinely strapped? Does the amount you finally suggest still seem too much to him? If so, you might try the method used by the late Dr. Lucas S. Henry, a Syracuse, N.Y., roentgenologist.

Dr. Henry's method: "First, I tell the patient what my regular fee is for the particular service—\$30, say. I explain that, with my overhead, the cost to me of a \$30 service is \$18. Then I tell the patient to pay me whatever he thinks is a fair fee.

"People are pleased to have the facts outlined for them this way. None of them seem anxious for me to give services for nothing. Usually, they'll pay me a little more than cost. And I'll have the patient's goodwill in the bargain." END

Your investments

# Does it pay to dabble in wildcat oil?

By Jonathan Parker, M.D.



This G...  
the han...  
busines...

A few y...  
the oil b...  
to Holly...  
Glenn...  
plots c...  
sions o...  
ing bla...  
in, and...  
barking...  
ploratio...  
associat...  
uncomfo...  
were bo...  
(b) dab...  
ness.

But t...  
lightene...  
returns...  
about bu...  
major o...  
a pretty...  
explorin...

*This G.P., who writes here under a pen name, learned the hard way that oil exploration is a highly speculative business. But there are ways to minimize the risks*

A few years back, my concept of the oil business ran pretty much to Hollywood stereotypes. With Glenn McCarthy's Texas exploits clearly in mind, I had visions of skies dark with spouting black gold, wealth pouring in, and my future assured. Embarking innocently on an oil exploration venture with a doctor-associate, I soon faced up to some uncomfortable truths: (a) We were both overly trusting, and (b) dabbling in oil is risky business.

But the fact is that many enlightened souls do realize good returns from oil. I'm not talking about buying stock in one of the major oil companies—generally a pretty safe investment. I mean exploring new sources of oil and

gas, that legend-steeped operation known as "wildcatting." A knowledge of some of the inevitable pitfalls—plus a normal sense of caution—will go a long way in producing significant results.

Starting out as neophytes, my partner and I had to learn the hard way. We soon ran into trouble. Our first mistake was answering a newspaper ad that promised us the world. After plunking down a sizable sum of money, we were informed shortly thereafter that we'd struck oil. And, incidentally, could we send a little more money to complete the well? We could indeed. In fact, we delivered it in person.

Our enthusiasm was damp-

...Your investments

ened when this so-called oil producer asked *our* advice on how to get the oil out of the ground. Even so, we soon let ourselves be talked into investing in the drilling of a second and "equally promising" well. Both turned out to be duds—a "technical failure," we were told. After gaining a lot of first-hand know-how at the well site (and away from our practices), we abandoned the project.

Later, figuring the cost in dollars and cents, we came up with one ray of sunshine: We had lost only about \$1,500 out of pocket from a total expenditure of almost \$4,500. Uncle Sam had carried more of the risk than we had. And that's the burden of my message: Direct oil and gas investment is one of the most misunderstood ways of achieving an improved capital position. I discovered this by talking with other and more experienced investors. A broker steered me to some reputable drilling operators. I even read a good book on the subject.\* What most peo-

"How to Get Tax Protected Income and Capital From Oil and Gas Investments," by J. K. Lasser. Published by Business Reports, Inc., Larchmont, New York.

ple don't know is that this kind of speculation has a lot of built-in tax protection.

Let's compare the tax advantages of "dabbling in oil" with other types of speculation. Buy



the sto  
trap ma  
pose th  
path to  
What h  
sidered

## How to

Dr. Jones has one well (No. 1) tax protection depreciation tomorrow deduct \$ of \$5,940 would th

Drill  
\$  
1

<sup>3</sup> Assuming  
will be denoted

Medical

the stock, say, of a new mousetrap manufacturing outfit. Suppose the world doesn't beat a path to your corporation's door. What happens? Your loss is considered a capital loss, which is

tax-deductible to a much smaller degree, for most taxpayers, than an ordinary income loss.

Now suppose you invest \$10,000 in a wildcat oil-drilling syndicate. Right off, the law lets

## How the author is making a profit in oil

Dr. Jonathan Parker invested in nine oil wells in 1958. Note that he has one excellent well (No. 1); one fair well (No. 2); and one poor well (No. 7). The others listed turned out to be duds. Note, too, that tax protection reduced his drilling costs by one-half, and that completion costs (paid only on successful wells) will eventually be depreciated. Says the author: "If I were to sell all my well holdings tomorrow, I'd figure it this way: From the current value of \$16,400, deduct \$557 for taxes and \$9,900 total investment. To the balance of \$5,943, add returns to date of \$3,270. My total *profit* after taxes would then be \$9,213."

| Amount invested            |                            | Approx. current<br>value of wells |                 |
|----------------------------|----------------------------|-----------------------------------|-----------------|
| Drilling costs             | Completion costs           | Return to date                    |                 |
| \$ 750                     | \$ 458                     | \$1,400                           | \$12,000        |
| 875                        | 468                        | 1,080                             | 4,000           |
| 937                        | —                          | —                                 | —               |
| 1,093                      | —                          | —                                 | —               |
| 873                        | —                          | —                                 | —               |
| 993                        | —                          | —                                 | —               |
| 937                        | 488                        | 790                               | 400             |
| 1,092                      | —                          | —                                 | —               |
| 936                        | —                          | —                                 | —               |
| <b>\$8,486<sup>1</sup></b> | <b>\$1,414<sup>2</sup></b> | <b>\$3,270</b>                    | <b>\$16,400</b> |

<sup>1</sup> Assuming a 50 per cent tax bracket, the true cost is only \$4,248. <sup>2</sup> This figure will be depreciated over an eight-year period.

## ...Your investments

you deduct a sizable chunk of the investment from your income. The amount is equal to your share of the "intangible drilling and development costs"—labor, fuel, and other expenses of well-drilling. And since these costs generally run around 70 per cent of your total investment, you have an immediate tax deduction of around \$7,000.

For a doctor in the 50 per cent bracket, this means actual tax savings of around \$3,500. Thus, at the outset, the net after-tax cost of his \$10,000 oil investment would be only around \$6,500. The higher your tax bracket, the lower will be the cost of your actual investment.

If you get a "dry" hole and your drilling venture turns out



"If you're lookin' for them little jars, I threw 'em away.  
The stuff in 'em was all moldy."

a total  
duce th  
further  
ance o  
ment i  
an ordi  
On t  
lucky a  
a differ  
tion:  
Rece  
well ar  
deducti  
nize th  
of the  
ing som  
princip  
of what  
able inc  
ital. Si  
timate  
amount  
due, th  
centage  
means  
of the  
cessful  
advanta  
direct p  
ing and  
not to i  
an estat  
Rega  
shelter,

a total failure, tax savings reduce the investment risk even further. In such cases, the balance of the remaining investment is fully tax-deductible as an ordinary income loss.

On the other hand, if you're lucky and hit a gusher, you'll get a different kind of tax protection:

Receipts from a successful oil well are subject to a depletion deduction. The tax laws recognize that when you take oil out of the ground, you're really doing something like drawing your principal out of the bank. Part of what you take out is not taxable income, but a return of capital. Since it's impossible to estimate accurately the exact amount of oil a well is apt to produce, the law provides this percentage depletion allowance. It means that a full 27½ per cent of the gross income from a successful well is tax-free. This tax advantage is available only to direct participants in the drilling and completion of a well—not to investors buying stock in an established oil company.

Regardless of all this tax shelter, you'll obviously want to

consider a more basic factor: *Are oil exploration investments fundamentally sound?* According to J. K. Lasser, the oil-investment expert, only one exploratory oil well in nine ultimately produces oil in commercial quantities. Discouraging? Yes, but wildcatting has its profitable side, too. In the course of ten years, for example, one offshore Louisiana syndicate turned an original investment of \$20,000 into \$300,000 in tax-favored oil receipts. While I can't guarantee you success, my experience indicates these rules offer the best potential for success:

¶ First, it's wise to participate through a reputable company—one having its own geology, leasehold, and drilling departments. There are successful independent oil companies that meet this requirement. How do you find them? Your best bet is to seek advice from an oil broker. He probably can steer you to honest drilling operators or well-managed syndicates.

¶ Second, spread your money over a number of leases. Instead of purchasing a one-eighth in-

terest in one lease, it's wiser to buy a sixty-fourth interest in eight leases. You can do this through syndicates.

\* Third, purchase a balanced oil-finding program. If the company you're dealing with handles some proven locations, some semiwildcat, and some outright wildcat wells, that's auspicious for achieving both a tax advantage and a successful investment.

\* Fourth, stay away from "inside tips" and rumors. After all, if the tipsters really had something good, why should they let strangers in on it?

In my own experience, I've bought some good and some bad programs (see listing on page 103). But after three years, I've managed to realize an after-tax profit of close to 100 per cent on my original investment. END

### Watch out for oil land leases: They're tricky!

If well-drilling as an investment is hazardous, there's another aspect of the oil business that's a great deal riskier. It's

the subleasing of public land from oil brokers of dubious reputation. If you've been intrigued by their promotional ads, say investment experts, you'll be wise to think better of it and steer clear of these peddlers.

What are these oil brokers actually peddling? It's some of the public land the Federal Government leases to encourage the exploration of oil and gas. As a citizen, you're entitled to lease this land for a nominal rental charge. If oil or gas is discovered, the Government gets a 12½ per cent royalty on the well's revenue; the balance goes to the leaseholder. If you're lucky enough to have picked a winner, you'll be besieged with offers from the big oil companies to purchase your lease.

What are your chances of success? How do you go about selecting the potentially productive acres from the roughly 400 million available? The novice obviously needs help and, as you might expect, outfits specializing in oil land leasing have turned up to provide it. These oil brokers claim they know

the most promising locations. They'll take care of administrative details for you. Buying through their service, you can lease much less than the Government's minimum 640 acres. Using glowing terms to describe your prospects for success in oil, they talk glibly of "royalty checks coming to you each month," of leaseholders making "a nice profit even on a lease that eventually proves valueless."

Actually, your chances of

getting an oil company interested in your site—much less getting a "hot" site and royalty checks—are infinitesimal. Federal and state authorities are making efforts to outlaw this kind of middleman lease peddling, and investment experts caution against dealing with such firms. Even so, the gullible continue to support them. Say the experts: If you *do* like to gamble, you'll be wise to stick to games offering much better odds. END

---

## Rear-vision dither

After seeing a woman patient only once, I operated on her for hemorrhoids. During my evening rounds, I stopped by her room and found the patient lying face down. I greeted her briefly, then threw back the covers to inspect her surgery. After an instant of shock when I found no evidence of any surgery, it dawned on me that I'd entered the wrong room. Covered with confusion, I muttered foolishly, "Glad to see you!" and rushed out. The patient (who'd been admitted for a tooth extraction) was not the slightest bit upset, her nurse told me later. She'd merely asked, "Who was that man, anyway?" —C. P. Hardwicke, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

## Aid for your aide:

# *How to be a good provider*

By Horace Cotton

Ever find yourself in a panic over an empty box of prescription pads? You thought you had plenty in reserve—until Doctor asked for a few. It's a crisis that embarrasses the best of medical aides, but it needn't.

You can make yourself invaluable, says Frances Marold Mills of Professional Management Midwest, merely by anticipating what the doctor wants *before* he wants it—and having it within reach at all times. And the secret of being a good provider, she adds, is to be systematic in handling office and medical supplies. For example, if you always carry a tiny notebook in your pocket, you'll be prepared to jot down the details of needed items and to reorder promptly.

That's just one step in a good

system. Let's examine the others:

*Keep supplies near the point of use.* Business items like letterheads and statements obviously belong in a stationery cupboard in your own office. Keep medical supplies near the examining rooms, lab supplies in the lab itself. Remember that split stocks are step-wasters. So try to keep all your stock of one item in one place.

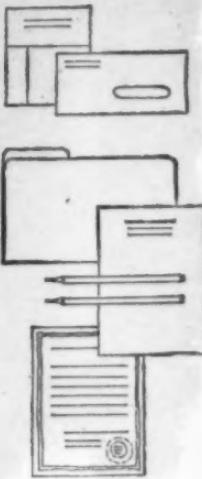
*Set a "reorder point" for each stock item.* That's the level below which your stock must never fall. Your minimum reserve for any item is the quantity you're likely to use in the period between placing an order and arrival of the goods. This calls for a bit of prefiguring. It's wise to add a bit to each

An effi-  
cations  
checks .

item's r-  
delays  
overstoo-  
quantity  
plies oo-  
space. A  
especiall-  
cence. If  
six carto-  
of five,  
available  
saving f-  
Mark



An efficient aide finds time to prepare medications before patients arrive. Here, an aide checks syringes with a list of allergy patients.



item's reserve to cover possible delays in delivery. But don't overstock! Despite savings on quantity purchases, big supplies occupy valuable storage space. And imprinted items are especially vulnerable to obsolescence. If, however, you can get six cartons of soap for the price of five, and you have space available, be sure to get that saving for your boss.

*Mark your reserve stock. One*

way is to label the reserve package with a red sticker. When you reach it, you'll know it's time to reorder. And don't accumulate orders with the idea of sending several at the same time. If you run out of statements, you won't be consoled to find a memo to yourself that reads: "Order statements."

*Keep a stock book or card index. Hunting through canceled checks and carbon copies of old*

## Items an aide should stock

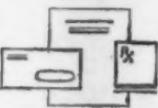
### General items

(3 months' supply)



### Stationery

(6 months' supply)



Day books • Ledgers • Appointment books • Appointment cards • Business cards • Notebooks • Phone memo pads • Copying machine paper • File folders • Blotters • Pens and pencils • Erasers • Rubber bands • Paper clips • Stamps

### Forms

(3 months' supply)



Letterheads • Envelopes • Second sheets • Carbons • Work paper • Statements • Prescription pads • History and physical sheets or cards • Ledger cards • Stationery for special bookkeeping systems • Diet, pregnancy, and other instruction sheets

Blue Shield • Blue Cross • Workmen's compensation • Medicare • Social Security • Veteran's Administration • Commercial insurance claim forms • Life insurance examination forms • Local welfare department forms

order forms for names of suppliers and prices is a nuisance. Why not set up a stock book and use it to record the details of your orders—one page for each supply item? Alternatively, you

can rule up a 4" x 6" index card for each item. Either way, you can tell at a glance how long the last lot held out, whether prices are going up or down, and which firm is fastest.

Keep  
When a f  
omes in,  
o the fr  
ou break  
he agin  
ines do  
r even  
Empty  
le—bef  
nothing  
ystem f  
ng techn  
dozen p  
you'll nev  
er. And  
ious for  
rance.  
Buy su  
rposis  
mail ord  
hobby s  
rom the  
our doct  
and you  
rom him  
n't sacr  
ence, esp  
o printin  
ood print  
n't up to  
ate to se  
ionery.  
So muc  
Medical E

*Keep your stock moving.* When a fresh supply of an item comes in, move your old reserve to the front. Use it up before you break into the new material. The aging that improves costly fines doesn't help drugs, linen, or even paper.

*Empty one package—or bottle—before opening another.* Nothing wrecks a stock control system faster than the grabbing technique. If you have half-dozen partly used packages, you'll never know when to reorder. And shelf space is too precious for this kind of extravagance.

*Buy supplies locally whenever possible.* Stay away from mail order houses that sell hobby supplies cheap. Buying from the local man is good for our doctor's public relations, and you can get things fast from him in an emergency. But don't sacrifice quality to convenience, especially when it comes to printing. Pick the nearest good printer. If the local man isn't up to standard, don't hesitate to send away for your stationery.

So much for the routine care

of office supplies. I'd like to talk a bit now about some familiar items that need special care: your doctor's equipment and instruments, and his medical supplies.

I needn't remind you that all major equipment used in a medical office is expensive, delicate, and potentially dangerous. It's a good idea to read the instructions on new equipment. If you have to move it, do it gently. Dust it each day and, when it's not in use, cover it. And for safety's sake, pull out the power plugs each night.

What about your doctor's instruments? To keep them in good working order—and guard the patients' safety—follow these rules:

¶ Clean instruments with soap and hot water, then an alcohol or ether rinse; dry thoroughly; oil all moving parts; and check sharpness of edges.

¶ Advise your doctor immediately of any defective instruments.

¶ Be sure instruments are sterile *before* the doctor needs them.

¶ Put used instruments in

## ...Your assistants

special containers so they can't be mistaken for fresh ones.

When instruments have been exposed to infection, disinfect them immediately.

Finally, a few tips on medications and materials. *Medications* include drugs, medicines, chemicals, solutions, ointments, lotions, and disinfectants. *Materials* include cotton, gauze, bandages, swabs, dressings, applicators, tampons, adhesive tape, gloves, and tongue depressors. To take good care of them:

1. Keep them in closed packages in cabinets or, if directed, in the refrigerator.

2. Line the cabinets with

plastic-coated shelf paper; wipe it daily with a damp cloth.

3. List the contents of each storage place, taping the list to the outside of the door. Keep each list up-to-date with additions and deletions. If you don't keep it up this way, the list is meaningless.

4. Label plainly; always replace stained or blurred labels promptly.

5. Reorder when reserve stock is reached. Don't wait till the last package is opened.

6. Don't let orders accumulate. If you do, you'll lose a morning doing nothing else but writing orders. END



"How many more months will this take, Doc? I'm getting bedsores."

## What 251,643 doctors of medicine do

**168,142**

are in active private practice

|                        |        |
|------------------------|--------|
| Specialists .....      | 93,680 |
| Part specialists ..... | 13,557 |
| G.P.s .....            | 60,905 |

**34,014**

are internes or residents

|                     |        |
|---------------------|--------|
| U.S.-trained .....  | 24,557 |
| Foreign grads ..... | 9,457  |

**16,980**

are Government-employed

|                    |        |
|--------------------|--------|
| Armed Forces ..... | 10,226 |
| V.A. .....         | 4,890  |
| U.S.P.H.S. .....   | 1,864  |

**18,453**

are otherwise employed

|                              |        |
|------------------------------|--------|
| Hospital staff .....         | 10,803 |
| Medical school faculty ..... | 3,202  |
| Industry .....               | 2,618  |
| Research .....               | 1,044  |
| Administration .....         | 786    |

**14,054**

are retired, not practicing,  
or living abroad

Source: The American Medical Association.

END

# 'We need a legalized lottery for medical research!'

*Doctors who have read prepublication copies of this economist's controversial proposal disagree on its merits. What's your reaction?*

By Ira U. Cobleigh, S.C.D.

*In Dublin, Irish girls draw lucky numbers in the Government-run lottery that annually raises millions for the nation's hospitals. An estimated 9,000,000 Americans illegally buy Irish Sweepstakes tickets every year.*



This proposal will raise a lot of eyebrows—and perhaps some blood pressures. But why not a legalized national lottery, with the proceeds going to medical research? Even if the idea strikes you as an outrage, hear me through. I may be able to change your mind.

More money *must* be spent on such research. As a doctor, you don't have to be convinced of that. You're as familiar with

the following facts as I am:

Heart diseases are the most common cause of death in the U.S. Yet Government and private agencies allocate only \$45,000,000 a year to research on heart and circulatory diseases. (We spend \$150,000,000 on hair shampoo!) Major agencies now spend \$73,500,000 a year for research on cancer. (We spend twice as much on ball-point pens!) Our yearly mental health



# T&A yesterday... throat relief today

After tonsillectomy,  
**TETRAZETS** troches  
provide prompt, long-lasting relief  
of pain and discomfort, along with  
triple antibiotic effectiveness. The  
raspberry-flavored troches dissolve  
slowly. Recommend **TETRAZETS** for  
pleasant relief of sore  
or irritated throats, after mouth and  
throat surgery.

**TETRAZETS** for mouth and throat  
irritations, after tonsillectomy, and  
as adjunctive therapy in Vincent's  
infection, pharyngitis, and tonsillitis.  
Supplied in bottles of 12. Usual  
dosage one troche every three hours  
for not more than two days.

**TETRAZETS** is a trademark of Merck & Co., Inc.

 **MERCK SHARP & DOHME**  
Division of Merck & Co., Inc., West Point, Pa.

## Tetrazets®

zinc bacitracin • tyrothricin • neomycin • benzocaine troches



## Legalized lottery? 'No!'

Before publishing this article, MEDICAL ECONOMICS asked a number of prominent physicians what they thought about it. Two-thirds rejected the author's proposal. A sampling of the unfavorable views:

¶ "I am opposed to any legalized lottery for any purpose. It's too easy for this sort of thing to get into the hands of the wrong people and degenerate into a racket. Gambling and medicine do not go together."

¶ "The author proceeds on the premises that (1) money is not available in adequate quantities to support medical research; (2) making more money available will solve the problems of heart disease and cancer; and (3) using the proceeds of a legalized lottery for humanitarian purposes makes gambling respectable. I cannot agree with any of these premises."

¶ "Medicine is not demoralized to the stage of panic. It doesn't need to descend to a lottery for research funds."

---

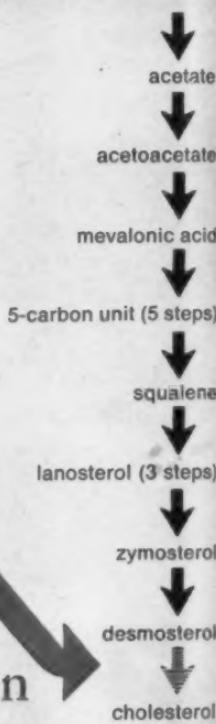
research budget is \$144,500,000. (Our wives and daughters spend more on cosmetics!)

Obviously, something is wrong. Perhaps shampoos, pens, and beauty aids aren't really frivolities in a nation with our high standard of living. But the fact remains that we spend far

more on such things than on matters of life and death.

Even our meager outlays for the fight against disease have brought us such discoveries as the Salk vaccine, the antibiotics, tranquilizers, and anticoagulants. In just thirteen years—from 1943 to 1956—American

1                    2                    3  
specific, demonstrated inhibition  
of cholesterol biosynthesis...



1. The primary, the *only* known action of MER/29 is to lower the total body pool of sterols (serum and tissue); no effect on any other system or organ reported to date.
2. "Using each patient as his own control, the peak *total* sterol radioactivity after injection of mevalonic acid- $2\text{-C}^{14}$  was compared on and off MER/29. As much as a 50 per cent inhibition on MER/29 was observed in some patients."  
—Steinberg, D.; Avigan, J., and Feigelson, E. B.: *Circulation* 22:663 (Oct.) 1960.
3. "Studies of lipid metabolism have stressed the importance of cholesterol biosynthesis, as opposed to cholesterol intake, in determining cholesterol balance."  
—National Heart Institute: *Diet, Hormones, and Atherosclerosis . . .*, Bethesda, Md., U.S. National Institutes of Health, 1958.

# ...leading to specific, demonstrated advantages in cholesterol-lowering therapy

particularly in patients with coronary artery disease, generalized atherosclerosis, and other conditions thought to be associated with abnormal cholesterol metabolism

**MER/29 REDUCES CHOLESTEROL IN AS MANY AS 8 OUT OF 10 PATIENTS:** MER/29 reduces both serum and tissue cholesterol without strict adherence to diet. Although some physicians prefer to use MER/29 in conjunction with controlled diets, cholesterol can be reduced successfully without such limitation.

**CONCURRENT BENEFITS REPORTED IN SOME PATIENTS:** In patients with coronary artery disease, some of the concurrent benefits reported include decreased incidence and severity of anginal attacks, improved ECG patterns, diminished nitroglycerin dependence, and increased sense of well-being.

**MER/29 HAS PRODUCED FEW SIDE EFFECTS, NO TOXICITY:** Patients have been treated with MER/29 for continuous periods up to 19 months. In no case has there been evidence of serious toxic effects on the function of any vital organ or system. Side effects (nausea, headache, dermatitis) are rare and have usually been associated with dosages greater than those recommended for effective therapy.

**MER/29 is compatible with other cardiovascular therapies.** It can be used along with measures which control anxiety, hypertension, obesity and other conditions associated with cardiovascular disorders. These include nitroglycerin, PETN, and anticoagulants.

**CAUTION:** Since long-term MER/29 therapy may be necessary, periodic examinations, including liver function tests, are desirable. Also, since MER/29 inhibits cholesterol biosynthesis, and cholesterol plays an important role in the development of the fetus, the drug is *contraindicated in pregnancy*.

**DOSAGE:** One 250 mg. capsule daily, before breakfast.

**SUPPLIED:** Bottles of 30 pearl gray capsules.

Complete bibliography and product information available on request.

# MER/29

(triparanol)



The Wm. S. Merrell Company  
Division of Richardson-Merrell Inc.  
Cincinnati, Ohio • Weston, Ontario

Trademark: MER/29®

...Your

# menstrual irregularity... just "functional"?

*... or another case of hidden hypothyroidism?*

Menstrual irregularity is often the chief complaint—sometimes the only complaint—of the patient with mild hypothyroidism. Many of these patients respond well to a therapeutic trial of Proloid.

*Proloid—preferred therapy whenever thyroid is indicated—* establishes and maintains a euthyroid state safely and smoothly. An exclusive double assay assures unvarying metabolic potency from tablet to tablet, from prescription to prescription, year after year.

©Pf



## THYROID PROLOID®

*predictable, safe, economical*

makers of Tedral Gelusil Peritrate Mandelamine



WORCESTER, MASS.

medi  
tastic  
the a  
both  
strea  
more  
at ha  
make

Lov  
most  
forms  
2,000  
ten to  
of cha  
the n  
they  
of the  
Feder  
the m  
ticket  
or any

Fu  
righte  
hands  
word  
They  
that k  
bling?  
gambl  
isn't  
again

Lott

THE AUT  
a New

Medica

XUM

medical research paid off fantastically in helping to increase the average life expectancy of both sexes by 6.3 years. And a streamlined method of raising more money for such research is at hand. All we have to do is make it legal.

Lotteries have been one of the most attractive and exciting forms of fund raising for over 2,000 years. Because crooks often took them over, such "games of chance" fell into disrepute in the nineteenth century. In fact, they were made illegal in most of the states and enjoined by a Federal law that forbade using the mails to forward lottery tickets, the money to buy them, or any information about them.

Furthermore, the rigidly righteous began to hold up their hands in horror whenever the word "lottery" was uttered. They still do. "Don't you know that lottery is a form of gambling?" such people cry. "And gambling's a sin!" But there isn't a word in Scriptures against gambling.

Lotteries were legally run in

THE AUTHOR, an economist, is a member of  
a New York corporate counseling firm.



*A national-lottery advocate in Congress is Representative Paul A. Fino (R.-N.Y.). He proposes to use part of the revenues to finance old-age medical care.*

all thirteen original colonies. Columbia University (then King's College) was founded in 1754 on the proceeds of lotteries. Lotteries raised funds and built buildings for Yale, Harvard, Dartmouth, Williams, and Princeton.

George Washington presided over a lottery to build the Cumberland Canal. Thomas Jefferson and Benjamin Franklin sponsored lotteries. Many of our

**IN BRIEF**

**to combat the three-pronged  
assault of urinary tract infections  
—bacteriuria—tissue infection—discomfort**

# UROBIOTIC®

COSA-TERRAMYCIN®—SULFONAMIDE—ANALGESIC

*Only UROBIOTIC contains: OXYTETRACYCLINE (with glucosamine for enhanced absorption) — notable for its wide tissue distribution, high urinary concentration, excellent toleration and proven antibiotic effectiveness against even so troublesome an invader as *Pseudomonas*; SULFAMETHI-ZOLE — an unusually soluble, highly active sulfonamide; PHENYLAZO-DIAMINO-PYRIDINE — for effective local analgesia.*

*Science for the world's well-being®*



**PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn 6, New York**

**INGREDIENTS:** Contains 1% oxytetracycline HCl, 250 mg phenylazo-

**INDICATIONS:** The treatment of genitourinary septic or prophylactic urinary instrument use of patients with bladder or

**USAGE:** In capsules four depending on weight of up to 100 lbs., one capsule taken under medical supervision daily. Then a minimum 10-day cure for urinary tract infections.

**CONTRAINDICATIONS:** Contraindicated in glomerulonephritis, uremia, or if the urine is used in patients with components.

**PRECAUTIONS:** Use of tetracycline antibiotics in an animal may result in organisms, especially *Escherichia coli*. Side effects may occur, therapeutic discontinuation as should the use of sulfonamides, crystalluria, nephrotoxic or sensitivity may occur.

**SUPPLIED:** In white, round, grey, tablets. More detailed information available on request.

Medical

XUM

**INGREDIENTS:** Each Urobiotic capsule contains 125 mg. Terramycin® (oxytetracycline) with 125 mg. glucosamine HCl, 250 mg. sulfamethizole, and 50 mg. phenylazo-diamino-pyridine HCl.

**INDICATIONS:** Urobiotic is indicated in the treatment of a number of common genitourinary infections caused by susceptible organisms. It may also be used prophylactically before and after genitourinary or pelvic surgery, following instrumentation procedures, during the use of retention catheters, and in patients with conditions such as cord bladder or cystocele.

**DOSAGE:** In adults, a dose of 1 or 2 capsules four times daily is suggested, depending upon the severity and response of the infection. In children 60 to 100 lbs., the suggested average dose is 1 capsule four times daily; in children under 60 lbs., 1 capsule three times daily. Therapy should be continued for a minimum of 7 days or until bacteriologic cure is effected in acute urinary tract infections.

**CONTRAINdications:** Urobiotic may be contraindicated in patients with chronic glomerulonephritis, hepatitis, hepatic failure, uremia, and obstructive lesions of the urinary tract, and should not be used in patients sensitive to any of its components.

**RECAUTIONS:** The use of broad-spectrum antibiotics may, in rare cases, result in an overgrowth of nonsusceptible organisms, such as monilia or staphylococci. Should such superinfection occur, therapy with Urobiotic should be discontinued and specific therapy instituted as shown by susceptibility testing. The use of sulfonamides may cause renal crystalluria or skin rash, as well as other toxic or sensitivity reactions. If any of these occur, discontinue use.

**SUPPLIED:** Urobiotic capsules, yellow-and-grey, bottles of 50.

*More detailed professional information available on request.*

early churches, roads, schools, and public works were financed by lotteries.

Why, then, are lotteries considered so evil by so many? On any logical analysis, the objections to an honest, legal lottery fade.

More than thirty modern nations—including Great Britain, Sweden, Ireland, Norway, Australia, Italy, and Argentina—have legal lotteries for hospital, health, or public welfare. Bingo, a game of chance, is legal for fund raising in nine states for religious, fraternal, or charitable organizations. Twenty-seven states have also legalized the parimutuel betting form of lottery and derive hundreds of millions in annual revenue therefrom.

Then there are the tens of thousands of little lotteries run each year by churches, clubs, and other nonprofit organizations. Five out of seven readers of this article have at one time or another bought a ticket for a motor car, a Caribbean cruise, a TV set, a radio, a camera, or a turkey. Almost everyone has attended charitable affairs where

## Legalized lottery? 'Why not?'

About one-third of the doctors who were queried on the accompanying article saw some merit in the author's proposal. But even though sympathetic toward the idea, a good number of these men doubted its feasibility, as the following representative comments indicate:

¶ "Anything that eliminates the many drives for funds for one or another aspect of medical research will be welcome indeed. If such a lottery were successful, it could probably be extended for other purposes, such as other charities and welfare activities."

¶ "An interesting idea. If I'm doubtful at all, it's because lottery giving would probably not be on the basis of *ability* to give. And that, I think, should guide contributions to medical research."

¶ "I fully agree with the author's suggestion. But the puritanical attitude that put through Prohibition will prevent such a proposal from being adopted."

---

door prizes have been drawn by lot. Every year, 9,000,000 Americans illegally buy Irish Sweepstakes tickets. These are all forms of lottery.

So let's get rid of our pious objections. Let's institute a legal lottery that's honestly run by eminent and honorable people

for a great cause: medical research. Let's combine in one annual lottery the fund-raising campaigns for all such noble organizations as the American Heart Association, the American Cancer Society, the National Association for Mental Health, the United Cerebral Palsy Asso-

---

LEDERLE INTRODUCES  
A NEW TRANQUILIZER

---



# TREPIDONE®

*Mephenoxalone Lederle*

---

A NEW DEVELOPMENT  
IN EMOTIONAL THERAPY  
FROM LEDERLE

---

TREP

HELPS THE  
PATIENT  
"BE HIMSELF"  
AGAIN.. CALM,  
YET FULLY  
RESPONSIVE...  
USUALLY  
FREE OF  
DROWSINESS  
OR EUPHORIA



THE  
EMC

REPIDO  
tranquili  
relieve n  
on witho  
ental ale  
own littl  
attached f  
oria as a  
ly respons  
, require  
d tend to  
xtensive t  
g proper  
awal, eve  
complete i  
ge, precar  
available f  
t write to

# REPIDONE<sup>®</sup>

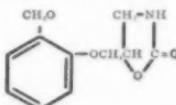
Mephenoxalone Lederle

## TO RESTORE THE NORMAL PATTERN OF EMOTIONAL RESPONSE

**REPIDONE** Mephenoxalone is a new tranquilizer which has shown the capacity to relieve mild to moderate anxiety and tension without detracting significantly from mental alertness. Treated patients have shown little tendency to become sleepy or detached from reality, or to experience euphoria as a result of the drug. They generally respond normally to everyday situations, require fewer restrictions on activities, and tend to complain less frequently.

Extensive trials have shown no habit-forming properties or adverse effects on withdrawal, even after long-term administration. Complete information on indications, dosage, precautions and contraindications is available from your Lederle representative, or write to Medical Advisory Department.

*chemically distinct  
from previous tranquilizers*



*Average adult dosage: One 400 mg. tablet, four times daily. Supplied: Half-scored tablets 400 mg. TREPIDONE Mephenoxalone, bottle of 50.*

Lederle

LEDERLE LABORATORIES,  
A Division of  
AMERICAN CYANAMID COMPANY  
Pearl River, New York

ciation, the Muscular Dystrophy Associations, the Arthritis and Rheumatism Foundation, and the National Foundation. Together with a few smaller voluntary health agencies, these groups raised a total of \$116,467,014 in 1957. That's peanuts! With far less effort, a successful lottery could raise \$500,000,000. And the money would be donated not only cheerfully, but eagerly.

Here's what we should do:

Congress should create a new Federally chartered nonprofit organization called the Medical Research Foundation. This would be legally empowered to (1) run a lottery; (2) have winnings be declared tax-exempt; (3) allocate 50 per cent of all proceeds to the societies listed above; (4) deliver 45 per cent to winning ticket holders; and (5) set aside 5 per cent for expenses.

The foundation would be run by distinguished trustees—educators, jurists, clergymen, doctors, and men of industry and finance. Tickets costing \$2 apiece would be sold by banks and at the local chapters of the societies that would benefit. Draw-

ings would be made by an electronic machine to assure absolute integrity and accuracy, with bank trust officers supervising the results. The drawing could be a direct one. Or it could allocate lucky tickets to horses in the Kentucky Derby, after the manner of the Irish Hospitals Sweepstakes.

A billion dollars' worth of tickets would be available. Can anyone doubt that they'd all be sold? About \$450,000,000 would be divided in tax-exempt prizes, ranging from \$100,000 down to \$100. Around \$50,000,000 would be set aside for advertising, promotion, and the cost of selling, printing, recording, certifying, and drawing the tickets.

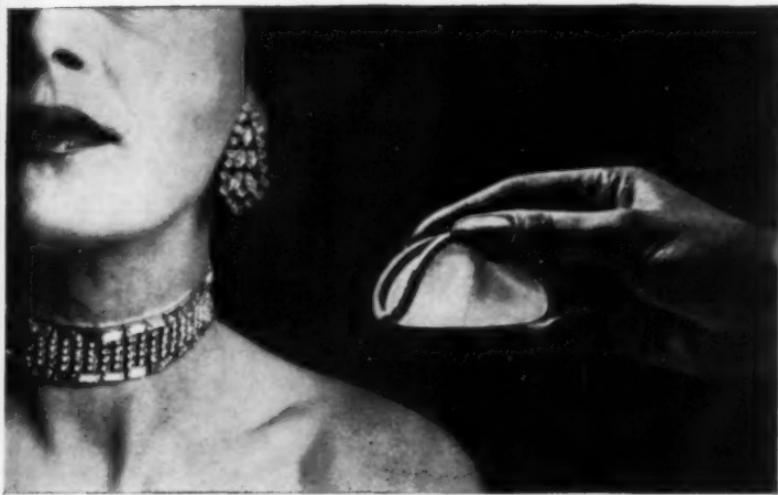
Such a way of financing medical research would attract the support of millions who have never given to such a cause before. Fund raising would be painless and comparatively inexpensive. Hundreds each year would happily find their charity rewarded by tax-exempt riches. Most importantly, \$500,000,000 a year would surge into the noblest of projects.

Fifty million Americans spend

Master  
behind  
new BE  
Quality  
patients

The regular  
women, is  
done that  
The rim,  
planes, pe  
RAMSES  
regular RA  
RAMSES  
required w

Rams  
specific  
with Ra



## *master craftsmanship*

Master craftsmanship, traditional with RAMSES for almost a half century, stands behind the superb quality of every RAMSES Diaphragm—both the regular and the new BENDEX, an arc-ing spring diaphragm.

Quality and design make these RAMSES Diaphragms first choice of your women patients who appreciate elegance and comfort, along with known reliability.



*Ramses®*  
Flexible Cushioned  
Diaphragm

The regular RAMSES Diaphragm, suitable for most women, is constructed of pure gum rubber, with a dome that is unusually light and velvet smooth. The rim, encased in soft rubber, is flexible in all planes, permitting complete freedom of motion.

RAMSES "TUK-A-WAY"® Kit #701—Designed like a fine accessory, this complete unit contains regular RAMSES Diaphragm 50 to 95 mm., with Introducer and 3 oz. tube RAMSES Vaginal Jelly. RAMSES "TUK-A-WAY" Kit #703—The same complete BENDEX unit minus Introducer (not required with arc-ing diaphragm). Sizes 65 to 90 mm.



For those women who prefer or require an arc-ing type diaphragm, the new RAMSES BENDEX embodies the superior features of the regular RAMSES plus the very best hinge mechanism contained in any arc-ing diaphragm.

*Ramses® "10-HOUR" Vaginal Jelly\**  
specifically for use  
with Ramses Diaphragms

\*Active agent, dodecaethyleneglycol monolaurate 5% in a base of long-lasting barrier effectiveness.  
RAMSES, BENDEX and "TUK-A-WAY" are registered trade-marks of Julius Schmid, Inc.

JULIUS SCHMID, INC.  
423 West 55th Street, New York 19, N. Y.

..Your

# For the irritable G.I. tract

Milpath acts quickly to suppress hypermotility,  
hypersecretion, pain and spasm, and to allay  
anxiety and tension with minimal side effects.

#### AVAILABLE IN TWO POTENCIES

MILPATH-400—Yellow, scored tablets of 400 mg. Miltown  
(meprobamate) and 25 mg. tridihexethyl chloride.  
Bottle of 50.

Dosage: 1 tablet t.i.d. at mealtime and 2 at bedtime.

MILPATH-200—Yellow, coated tablets of 200 mg. Miltown  
(meprobamate) and 25 mg. tridihexethyl chloride.  
Bottle of 50.

Dosage: 1 or 2 tablets t.i.d. at mealtime and 2 at bedtime.

# Milpath®

©Miltown + anticholinergic



WALLACE LABORATORIES Cranbury, N. J.

\$4 bill...  
practi...  
many ...  
Why n...  
busine...  
tickets  
buy a...  
terry w...  
win. A...  
what v...  
needy ...

Let's  
terry n...

R  
E

Physi...  
City ...  
editor...  
al ma...  
travel...  
time,  
sis. G...  
rial e...  
comm...

Write  
nomic...

Medical

\$4 billion each year on lotteries, practically all of them illegal, many of them run by gangsters. Why not put the hoodlums out of business? Let people buy the tickets they're determined to buy anyway, in an honest lottery with an honest chance to win. And let the money go to what we all agree is a great and needy cause.

Let's organize this legal lottery now! END

## ROVING EDITOR

Physician wanted in New York City area to serve as roving editor for a group of national magazines. Must be free to travel. Position may be on full-time, part-time, or project basis. G.P. or internist with editorial experience preferred. Pay commensurate with ability.

Write Box LRH, Medical Economics, Oradell, N.J.

For easier relief  
of fecal impaction

**FLEET®**

### OIL RETENTION ENEMA

READY-TO-USE SQUEEZE BOTTLE

When impaction requires fecal softening, Fleet Oil Retention Enema permits easy, rapid administration... without inconvenience or messiness of old-style procedures. Insertion is made safe with pre-lubricated, anatomically correct 2-inch rectal tube.



Ready-to-Use Squeeze Bottle contains.  
4 1/4 fl. oz. Mineral Oil U.S.P.



C. B. FLEET CO., INC.  
Lynchburg, Virginia

200 400

for  
real or potential  
ulcer...

# PATHIBAMATE®

meprobamate with PATHILON® Iridihexethyl chloride Lederle

anticholinergic...  
treats the trauma  
tranquilizer...  
controls the tension

**Indications:** duodenal ulcer; gastric ulcer; intestinal colic; spastic and irritable colon; ileitis; esophageal spasm; anxiety neurosis with gastrointestinal symptoms, and gastric hypermotility.

**Administration and Dosage:** PATHIBAMATE-400 (full meprobamate effect) — 1 tablet three times a day at mealtime, and 2 tablets at bedtime. PATHIBAMATE-200 (limited meprobamate effect) — 1 or 2 tablets three times a day at mealtime, and 2 tablets at bedtime. Adjust to patient response.

**Contraindications:** glaucoma; pyloric obstruction, and obstruction of the urinary bladder neck.



LEDERLE LABORATORIES,  
A Division of AMERICAN CYANAMID COMPANY  
Pearl River, New York

BAWAH

Do  
you

When  
are wi  
trouble

By Ga

Suppos  
you for  
you pro  
liability  
practice  
question  
the san  
malprac  
the inju  
fice haz  
liability  
it's a n  
one of t  
► If be  
fend yo  
fense t  
between  
nies wi  
► Both

# *Don't split your liability insurance*

*When your public liability and malpractice policies are with different companies, you may find yourself in trouble if you're sued. Here are two cases in point*

*By Garrett Oppenheim*

Suppose your next patient sues you for an injury. How well are you protected? Adequate public liability coverage? Ample malpractice insurance? Fine! Next question: *Are they both with the same carrier?* If not, your malpractice insurer may claim the injury was caused by an office hazard, while your public liability insurer may argue that it's a malpractice case. Then, one of two things could happen:

- If both carriers elect to defend you, you may find your defense turned into a cross fire between two insurance companies with conflicting interests.
- Both carriers may walk out

on you, each claiming it's the other's case. You'll then have to get your own lawyer to defend you and ultimately take the insurance companies to court to reimburse you.

The first of these dangers is illustrated by the case of a five-man Ohio partnership in radiology that had split its public liability and malpractice coverage between two companies. On July 12, 1954, one of the partners did a barium enema X-ray on a 76-year-old woman. Afterwards, a technician helped her up the step at the entrance to the bathroom. When the patient came out of the bathroom un-



"The doctor who splits up his liability insurance may find himself in the position of the donkey who starved to death between two bales of hay," says Lawyer R. Crawford Morris. This medicolegal authority was recently involved in the defense of an M.D. with split coverage.

aided, she missed her footing on the step, fell, and fractured her hip. She sued on three counts:

1. The defendants had failed to warn her about the step.
2. The defendants had failed to provide help when she left the bathroom—despite her age and the physical condition caused by the barium enema.
3. The defendants had neglected to make the bathroom entrance reasonably safe.

Right away, the charges raised an awkward question:

Which insurer was going to provide legal counsel—the New Amsterdam Casualty Company, which insured the doctors' premises, or The Aetna Casualty and Surety Company, which covered the doctors for malpractice? The lawyers for the two companies agreed that a joint defense would be in the doctors' best interests. So both took part in the trial. But according to R. Crawford Morris, attorney for Aetna: "We were afraid that our zeal to protect



You prescribe over 100,000,000  
"Premarin" tablets a year



*because...*



*in accordance with current medical opinion*

***when you diagnose  
the menopause,  
you favor treatment***

"I know that many physicians feel that the menopause is a physiological process and no therapy for it is indicated.... I do not belong to this school of thought, though therapy can certainly be overdone. We have to bear in mind, I think, that flushes are merely one aspect of the menopause; irascibility, migraine headaches, insomnia, apprehension, moods of depression and nervousness may occur without any hot flushes at all. Then we mustn't forget the sequelae of the menopause, such as senile vaginitis, pruritus vulvae, and osteoporosis. These must be considered part of the menopausal syndrome."\*

***when you treat  
the menopause, for  
you favor estrogen therapy***

"...the outstanding menopausal symptom is a sharp fall in the extent we would normally expect to follow the cessation of estrogens, generally followed rather than preceded by a rise in pituitary gonadotrophins, use of the contraceptive pill, or the like. The logical treatment for this menopausal effects is to replace the missing hormones. The menopausal revolution in the hormone field seems to be substitution therapy, and we don't seem to be able to do without it. It is aimed at restoring, at least partly, the normal premenopausal hormone balance, we can't do without it. Androgens, sedatives and tranquilizers are all helpful in some ways, but none of them is anything like so efficacious as the estrogens."†

Transatlantic  
Transcript available



*when you prescribe  
for the menopause,  
do you favor natural estrogens*

"...I usually think most of us have agreed here that we would use natural estrogens whenever there is a choice rather than synthetic estrogens because of the likelihood of producing pharmacological effects with the synthetic compounds."\*

"...we don't use stilbestrol because it causes nausea in a certain number of people, we don't use ethinyl estradiol any more often because of headaches and sometimes in occasional people and we prefer conjugated estrogens in its smallest amounts..."\*

**in the menopause—there is  
no substitute for a specific**

# **"Premarin"**

CONJUGATED ESTROGENS (EQUINE)

**the natural oral estrogen that  
imparts a "sense of well-being"**

Transatlantic Telephone Symposium, *The Effect of Estrogens in the Menopause*, Amsterdam/New York, 1959.  
Transcript available on request. Published, J.M.A. Alabama 29:448 (May) 1960.

*for 20 years  
the leading natural oral estrogen for  
specific management of the menopause*

CONJUGATED ESTROGENS (EQUINE)

*provides the superior physiologic and metabolic  
benefits of natural oral estrogens presented  
as the complete equine estrogen complex*

- assures prompt relief of menopausal distress
- imparts a gratifying "sense of well-being"
- exerts a protective influence in many vital processes, as in cardiovascular, bone and protein metabolism
- is well tolerated, convenient to take
- contains not just a single conjugate but all the components of the equine estrogen complex as they naturally occur (but recently appreciated is the important role that one of the lesser known conjugates, equilin sulfate, plays in the over-all activity of "Premarin")

**Usual dosage:**

1.25 mg. daily. Increase or decrease as required. Cyclic therapy is recommended (3 week regimen with 1 week rest period) to avoid continuous stimulation of breast and uterus.

**Availability:**

No. 865—Tablets of 2.5 mg. (purple), bottles of 20, 100, 1,000.  
No. 866—Tablets of 1.25 mg. (yellow), bottles of 100, 1,000.  
No. 867—Tablets of 0.625 mg. (red), bottles of 100, 1,000.  
No. 868—Tablets of 0.3 mg. (green), bottles of 100, 1,000.  
No. 869—Liquid, 0.625 mg./4 cc. (teaspoonful), bottles of 120 cc. (4 fluidounces).



AYERST LABORATORIES New York 16, N. Y. • Montreal, Canada

## ...Your insurance

our respective companies might hurt the doctors' defense. If Weston [S. Burns Weston, attorney for New Amsterdam] could show that this was really a malpractice case, that might absolve *his* company. If I could present testimony showing that the incident had nothing to do with malpractice, *my* company might be off the hook."

The danger was averted when the two attorneys reached this agreement: Neither of them

would try to convince the jury that the injury was covered by the other's company; instead, each would try to persuade the court to throw out any charge that might involve his own company.

Thus, the two attorneys managed to win dismissal of the first two charges. With the malpractice question ruled out, Lawyer Morris quit the case. The jury awarded the plaintiff \$15,000 on the remaining charge

## Have you changed your address?

To insure uninterrupted delivery of your copies of MEDICAL ECONOMICS, please fill out and return the coupon below:

Medical Economics, Inc., Circulation Dept., Rutherford, N.J.

Name \_\_\_\_\_ M.D. \_\_\_\_\_

(please print)

Former address: { Street \_\_\_\_\_  
City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

New address: { Street \_\_\_\_\_  
City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

Home  Office

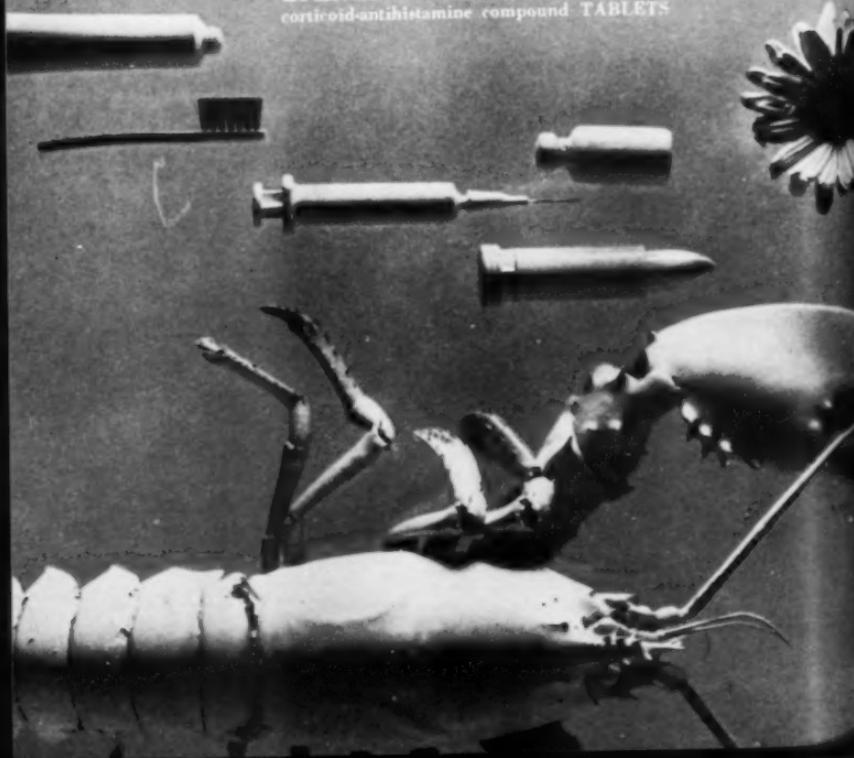
6661

*Schering*

# for allergies that are "out of control"

## METRETON®

corticoid-antihistamine compound TABLETS



that t  
was u  
ton a  
hande  
ment:  
stituted  
but th  
er the  
ployees  
care a  
court  
malpr

Bac  
yer M

M

F

O  
tu  
Je

Medica

XUM

that the step-up to the bathroom was unsafe. When Lawyer Weston appealed, the higher court handed him this surprise judgment: The bathroom step constituted no unreasonable hazard, but the real question was whether the doctors and their employes had exercised reasonable care and diligence. The appeals court ordered a retrial on the malpractice count.

Back into the case came Lawyer Morris. He and Weston went

to the Ohio Supreme Court, arguing that the appeals court had no right to rule on a matter nobody had asked it to rule on. But the Supreme Court rejected their appeal. So today, seven years later, the case is back in the original court.

Comments Lawyer Morris: "If the doctors had placed all their liability coverage with one carrier, we'd never have gotten into this tangle. That carrier might have settled the case

***Reliable***  
PROFESSIONAL LIABILITY  
INDIVIDUAL INSURANCE  
*with proficient defense  
that cuts the cost*

THE  
**MEDICAL PROTECTIVE COMPANY**  
FORT WAYNE, INDIANA  
Professional Protection Exclusively since 1899

Operating in: California, Florida, Illinois, Indiana, Iowa, Kansas, Kentucky, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, Ohio, Pennsylvania, Texas, and Wisconsin.

# WHAT'S NEW AND SPECIFIC FOR COLD, ACHING EXTREMITIES



XUM

**INCREASES AND MAINTAINS BLOOD FLOW FOR 10-12 HOURS**

**HADS ICY HANDS AND FEET** Roniacol Timespan promptly increases circulation in cold fingers and toes,<sup>1</sup> resulting in "less ischemic pain, improved pulses and increased skin temperature."<sup>2</sup> Action: specific dilation of peripheral vessels.<sup>1</sup> Result: Roniacol increases blood flow to ischemic extremities.<sup>3-5</sup> Improved blood flow further minimizes the chance of ulcerations associated with peripheral arterial insufficiency.

**ONE DOSE ACTS FOR 10-12 HOURS** New, sustained-release Roniacol Timespan provides convenience for your patients as well as daylong or nightlong relief of cold, aching extremities—one Timespan in the morning precludes forgotten midday doses, another at night permits comfortable, uninterrupted sleep.

**NO CONTRAINDICATIONS—NEGLIGIBLE SIDE EFFECTS** Unlike sympathetic blocking agents, Roniacol is selective—produces no cardiac stimulation, no hypotension, no gastrointestinal stimulation<sup>6,7</sup>—may be used safely in the presence of gastritis, peptic ulcer or coronary disease. Of 264 patients on Roniacol Timespan, only thirteen experienced side effects—none of them major.<sup>1</sup>

**RONIACOL TIMESSPAN** tablets are recommended for convenience of therapy in conditions associated with deficient circulation; e.g., peripheral vascular disease, including generalized arteriosclerosis, cerebral arteriosclerosis, varicose ulcers, decubital ulcers, fibromyositis, diabetic endarteritis, Meniere's syndrome and vertigo due to impaired cerebral circulation.

**DOSE:** One or two Roniacol Timespan tablets in the morning and at night.

**SUPPLY:** Tablets of 150 mg, bottles of 50. When prolonged effects are not desired, prescribe Roniacol Tartrate Tablets, 50 mg, or Roniacol Elixir, 50 mg per teaspoonful (5 cc).

**REFERENCES:** 1. Reports on File, Roche Laboratories. 2. W. D. Westinghouse, Personal Communication. 3. E. C. Texier, et al., Am. J. M. Sc., 224:408, 1952. 4. M. M. Fisher and H. E. Tebroke, New York J. Med., 53:65, 1953. 5. I. H. Richter, et al., New York J. Med., 51:1303, 1951. 6. C. M. Castro and L. De Soldati, Angiology, 4:165, 1953. 7. R. M. N. Crosby, Am. J. M. Sc., 225:61, 1953. J. Dosdos and G. E. Arnold, Eye Ear Nose & Throat Month., 38:1035, 1959.

Roniacol®—brand of beta-pyridyl carbinal. Timespan®

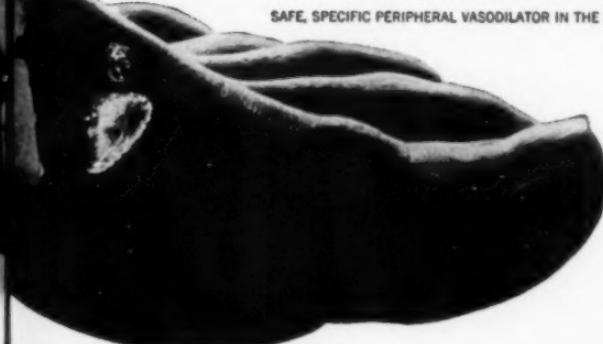


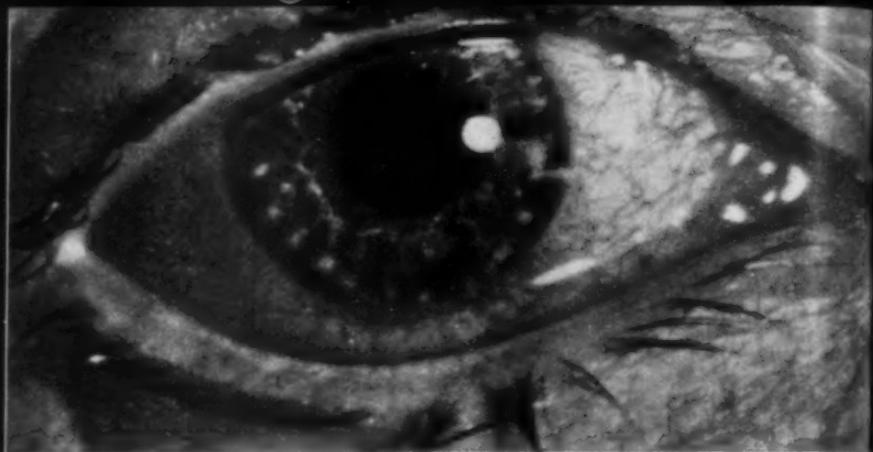
**ROCHE LABORATORIES • Division of Hoffmann-La Roche Inc • Nutley 10, N. J.**

# **RONIACOL TIMESPAN**

**TABLETS**

**SAFE, SPECIFIC PERIPHERAL VASODILATOR IN THE NEW SUSTAINED-RELEASE FORM**





acute conjunctivitis before treatment

clinical photograph

## truly soluble—for fast relief of inflammation

0.1% OPHTHALMIC SOLUTION

**NeoDecadron®**

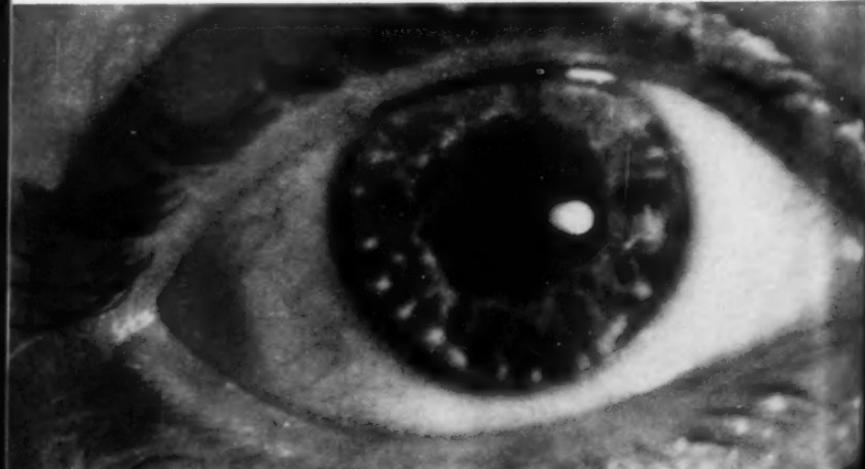
DEXAMETHASONE 21-PHOSPHATE—NEOMYCIN SULFATE

**INDICATIONS:** Trauma — mechanical, chemical or thermal; inflammation of the conjunctiva, cornea, or uveal tract involving the anterior segment; allergy; blepharitis.

**CAUTION:** Steroid therapy should never be employed in the presence of tuberculosis or herpes simplex.

NeoDECADRON is also available as the ophthalmic ointment (.05%). Ointment and solution are available with dexamethasone 21-phosphate alone: DECADRON® Phosphate Ophthalmic Solution and DECADRON Phosphate Ophthalmic Ointment.

4 days after treatment



**MERCK SHARP & DOHME**  
Division of Merck & Co., Inc., West Point, Pa.

without  
liability

The  
oologist  
what  
lawyer  
carrie  
you. E  
decide  
what 1  
of a b  
both p  
liabilit  
insure  
W. Ap  
State  
Malpra  
her cas

The  
a custo  
when t  
her fac  
the mis

In

A 14  
by-m  
an N  
of ca  
—Ro

Medical

without regard to the kind of liability involved."

The story of the Ohio radiologists is a good example of what can happen even if the lawyers for both your liability carriers cooperate to defend you. But what if both carriers decide to desert you? That's what happened to the operator of a beauty parlor who carried both professional- and building-liability policies with different insurers. According to Frank W. Appleton of the New York State Medical Society's Group Malpractice and Defense Plan, her case should alert M.D.s.

The beautician was sued by a customer who'd been injured when the cover of a sink fell on her face. Each carrier claimed the mishap was covered by the

other. Neither would supply a lawyer for the defendant. The result: The defendant had to hire her own lawyer to fight the case; pay damages to the plaintiff out of her own pocket; and then sue to have a court rule on which company owed her money. The court finally ordered the professional-liability carrier to reimburse her for the damages. But by then the beautician had lost plenty in time and money.

Could this kind of thing happen to a doctor? Conceivably, it could, says Appleton—and he adds: "If two carriers can't work out a cooperative solution, it can be mighty costly to their client. One safe and easy way for a doctor to avoid the whole problem is to have both policies with the same company." END

### *Inside information*

A 14-month-old patient in our hospital was put on a nothing-by-mouth schedule and his nurse, as a matter of course, taped an NPO sign to his crib. Several hours later, we noticed bits of cardboard in the baby's stool. He'd eaten the sign!

—Robert B. Allport, M.D.



**overweight  
patients  
need  
more than  
less food...**

And Am...  
phenobarbi...  
patient t...  
plan for...  
Each An...  
phenobarbita...  
phetamin...  
controlled-re...  
sustains...  
Also ava...  
contains...

with a single  
before-breakfast dose  
**Ambar No. 1 Extentabs®**  
or  
**Ambar No. 2 Extentabs®**  
suppress appetite  
and  
offset emotional symptoms  
of food withdrawal  
all day long

And Ambar Extentabs offer a choice of methamphetamine strengths with phenobarbital, since response to sympathomimetic amines may vary from patient to patient. Prescribe concurrently with an over-all weight-reduction plan for the moderately overweight, as well as the "obesity prone."

Each **Ambar No. 1 Extentab** contains: Methamphetamine HCl 10 mg., phenobarbital 64.8 mg. (1 gr.). Each **Ambar No. 2 Extentab** contains: Methamphetamine HCl 15 mg., phenobarbital 64.8 mg. The Extentab is Robins' controlled-release, extended action tablet, which promptly achieves and smoothly sustains the effects of one-third the active ingredients for 10 to 12 hours. Also available for conventional or supplementary dosage: **AMBAR TABLETS**, each containing methamphetamine HCl 3.33 mg., phenobarbital 21.6 mg. ( $\frac{1}{3}$  gr.).

A. H. ROBINS COMPANY, INC. / Richmond 20, Virginia

MAKING TODAY'S MEDICINES WITH INTEGRITY...SEEKING TOMORROW'S WITH PERSISTENCE



When  
do yo

What  
weddi  
tion a  
tient?  
the pa  
But w  
stricti  
ackno

If  
minor  
MEDIC  
Here's  
► Gen  
most b  
tions a  
genera  
them.  
survey  
tient a  
intern  
► Sev  
gifts  
cost to  
gifts  
alarms  
► Abo  
tors qu  
to ack  
verbal  
per ce

Medica

## back in action Furoxone<sup>®</sup>

brand of furazolidone

**stops bacterial diarrheas without eradicating the normal intestinal flora**

At a large teaching hospital, a double-blind study with FUROXONE LIQUID in 65 children "demonstrated both symptomatic and bacteriological effectiveness of this drug in the outpatient management of bacterial diarrhea" without eradication of the normal intestinal flora. This "highly desirable quality"—the preservation of normal intestinal flora in children—is held "in contrast to experience with other . . . agents used for this purpose." Overgrowth of nonsusceptible organisms "resulting in colitis, proctitis and anal pruritus usually associated with bowel sterilization have not been observed" with FUROXONE. "Side effects were negligible and acceptability of the preparation was excellent." [Mintz, A. A.: Antibiotic Med. 7:481, 1960.] **Furoxone Liquid** is a pleasant orange-mint flavored suspension containing Furoxone 50 mg. per 15 cc., with kaolin and pectin. Dosage for both children and adults may be found in your P.D.R.

EATON LABORATORIES, Division of The Norwich Pharmacal Company, NORWICH, N. Y.



### When a patient marries, do you send a gift?

What do you do when you get a wedding invitation or graduation announcement from a patient? There's no problem when the patient is a family friend. But when the relationship is strictly doctor-patient, do you acknowledge the card?

If you don't, you're in the minority, judging by a recent MEDICAL ECONOMICS survey. Here's what it revealed:

- General practitioners are the most likely to get such invitations and announcements. They generally acknowledge *all* of them. More than half the G.P.s surveyed say they give the patient a small gift. So do many internists and pediatricians.
- Several physicians who send gifts to all say they limit the cost to \$5 or less. Some of the gifts chosen: flowers, travel alarms, small household items.
- About 25 per cent of the doctors queried think it's sufficient to acknowledge by card or a verbal "thank you." Only 14 per cent say they ignore all

announcements and invitations from patients they don't know socially.

- Two respondents take a strictly clinical view of such events. One, a G.P., gives engaged patients free premarital blood tests and physicals. The other, an internist, presents engaged patients with a technical book on sex.

### Your patients trust you more than other M.D.s

Has current publicity about the high cost of medical care hurt doctor-patient relationships? Probably not. Individual doctors don't think *their* patients' attitudes have changed, according to a recent spot check by this magazine. But about 12 per cent of the doctors interviewed say the profession as a whole has been hurt.

"I haven't noticed any change in my patients' attitude toward me," says one M.D. "They certainly don't buy all those ridiculous comments in magazines and books about the high cost of medicine. In fact, most of my

## ...Your patients

patients apparently don't read such publicity."

Even when a patient *does* read these articles, he probably doesn't apply them to his own physician. Comments one doctor who never gets any complaints: "My patients know I give them a pretty good bargain in medical care."

But another physician says: "While the patient may place his own doctor beyond criticism, he's left with the suspi-

cion that it's the doctor across the hall who's really the chisel-er. *This* is what's injuring the profession."

## Don't let drug addicts pull this on you

Think you know all the dodges that addicts use to get drugs illegally from doctors and pharmacists? Here's a new one that Oklahoma City doctors fell vic-

---

AMES

COMPANY, INC.  
Elkhart • Indiana  
Toronto • Canada



control of  
diabetes  
any place  
any time



*when the* **SKIN**  
*is under* **STRESS**



- *inflamed*
- *itchy*
- *painful*

**speed comfort and remission  
encourage healing with**

*new* **DESITIN®**

**hydrocortisone  
cream (1%)**

Well Tolerated, unusual freedom from irritation and sensitivity. Esthetic, water-miscible and non-staining base. Economical, a little goes a long way in easing skin inflammation, itching and pain...to aid healing.

Indications for Desitin Hydrocortisone Cream: eczematoid dermatitis, atopic dermatitis, anogenital pruritus, neurodermatitis, stasis dermatitis.

Apply 2 to 3 times a day • Supplied:  $\frac{1}{2}$  oz. and 1 oz. tubes

Please request samples on Rx blank or letterhead

**DESITIN CHEMICAL COMPANY**

812 Branch Ave., Providence 4, R. I.

# For long-term control of hypertension, all the benefits of thiazide-rauwolfia therapy ... plus specific, physiologic vasodilation

**Protoveratrine A** vasodilation produces "the most physiologic, hemodynamic reversal of hypertension."<sup>1</sup> Only Salutensin offers your patient the advantages of protoveratrine A, a specific vasodilating agent, in combination with basic thiazide-rauwolfia therapy. Protoveratrine A is credited with producing "the most physiologic, hemodynamic reversal of hypertension."<sup>2</sup> It acts on the blood pressure reflex receptors<sup>3-6</sup> in the carotid sinus, heart and aorta to produce widespread peripheral vasodilation, increase renal blood flow, and relieve tachycardia. Because of the potentiating effect of Saluron, the diuretic component in Salutensin, the quantity of protoveratrine A in Salutensin is small enough to eliminate or reduce to a minimum the risk of unpleasant "veratrum" side effects.

**A logical combination of actions, a single result: antihypertensive potentiation with reduced side effects.** With Salutensin, you can resolve the problem of treating hypertension by means of this more logical antihypertensive approach—antipressor diuresis, mild sedation and specific peripheral vasodilation. Salutensin combines Saluron, a more effective 'dry-weight' diuretic which produces up to 60% greater excretion of sodium than does chlorothiazide;<sup>8</sup> reserpine, for mild tranquilizing and vasorelaxant effects; and protoveratrine A, to relieve arteriolar constriction and reduce peripheral resistance. The potentiating/additive effects of these antihypertensive agents<sup>6,7,8,10-13</sup> have been found to give a greater total therapeutic effect at dosage levels of each agent which reduce the incidence and severity of their side reactions.

**Also available—for edema, hypertension...when a thiazide alone is enough:** SALURON® (hydroflumethiazide) the 'dry-weight' diuretic with long-term benefits

**Added advantages for long-term or difficult patients.** Salutensin is indicated for almost every patient with essential hypertension who requires treatment. It will reduce blood pressure (both systolic and diastolic) to normal or near-normal levels, and maintain it there, in the great majority of cases. Patients on thiazide/rauwolfia therapy often experience further improvement when transferred to Salutensin. Patients who no longer respond to thiazide/rauwolfia may be spared the disturbing side effects of more potent antihypertensives by transferring them to Salutensin or by using Salutensin as their basic regimen. And Salutensin therapy is economical and convenient.

*Each Salutensin tablet contains: 50 mg. Saluron (hydroflumethiazide), 0.125 mg. reserpine, and 0.2 mg. protoveratrine A. See Official Package Circular for complete information on dosage, side effects and precautions.*

*Supplied: Bottles of 60 scored tablets.*

**References:** 1. Fries, E. D.: In Hypertension, ed. by J. H. Moyer, Saunders, Phila., 1959, p. 123. 2. Brest, A. N. and Moyer, J. H.: *JAMA* 172: 1041 (Mar. 5) 1960. 3. Grollman, A.: *Pharmacology and Therapeutics*, Lea & Febiger, Phila., 1960, p. 482. 4. Winer, B. M.: *Circulation* 22: 1074 (Dec.) 1960. 5. Martz, B. L.: *J. Indiana M.A.* 52:1779 (Oct.) 1959. 6. Fries, E. D.: *South M.J.* 51:1281 (Oct.) 1958. 7. Finnerty, F. A. and Buchholz, J. H.: *GP* 17:95 (Feb.) 1958. 8. Gill, R. J., et al.: *Am. Pract. & Digest Treat.* 11:1007 (Dec.) 1960. 9. Ford, R. V. and Nickell, J.: *Am. Med. & Clin. Ther.* 6:461, 1959. 10. Brest, A. N. and Moyer, J. H.: *J. South Carolina M.A.* 36: 171 (May) 1960. 11. Wilkins, R. W.: *Postgrad. Med.* 26:59 (July) 1959. 12. Gifford, R. W., Jr.: Read at the Hahnemann Symp. on Hypertension, Phila. Dec. 8 to 13, 1958. 13. Fries, E. D., et al.: *JAMA* 166:137 (Jan. 11) 1958.

## SALUTENSIN

(hydroflumethiazide, reserpine, protoveratrine A—antihypertensive formulation)

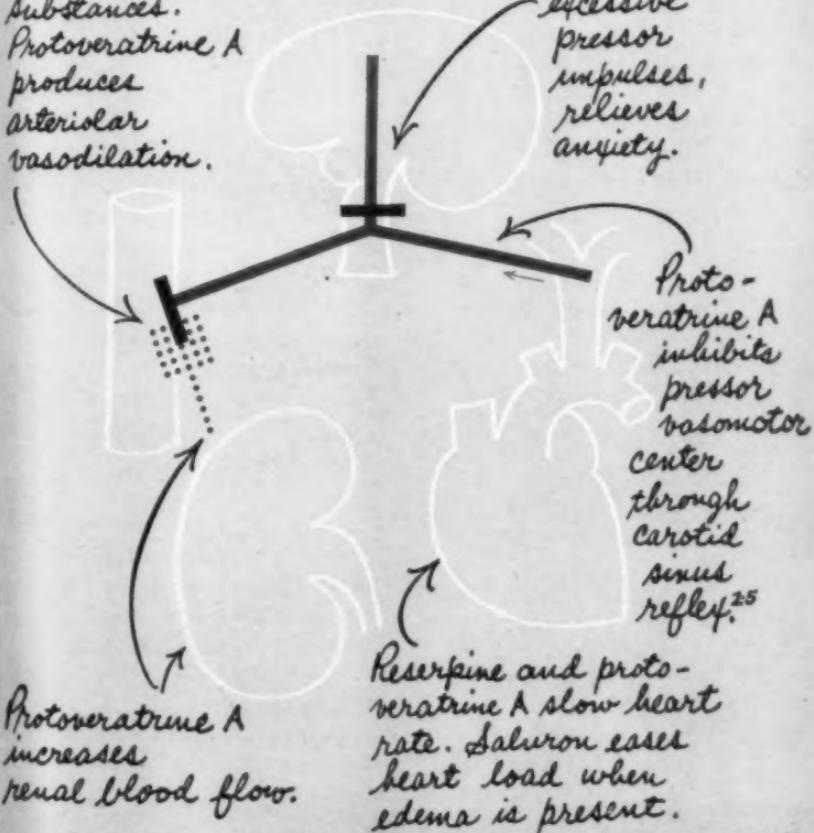
**BRISTOL LABORATORIES**  
Div. of Bristol-Myers Co./Syracuse, N.Y.



# Salutensin - What it does

Saluron potentiates other antihypertensive effects, reduces reactivity to pressor substances. Protoveratrine A produces arteriolar vasodilation.

Reserpine blocks excessive pressor impulses, relieves anxiety.



## ...Your patients

tim to not long ago. It's a ruse that could succeed wherever doctors customarily *phone* narcotics prescriptions to pharmacists. It works like this, according to the Oklahoma State Medical Association:

First, the addict and his accomplices study the working habits of the doctor they've picked as their victim. Often they have his narcotics registry number. When they're certain he's neither at home nor at the office, one of them calls a pharmacist and asks whether the doctor has telephoned a narcotics prescription.

The pharmacist says he knows nothing about such an order. The caller explains that the doctor probably forgot to phone it in. Then he asks the

pharmacist to check on the prescription, giving him the physician's home phone—plus another number where the doctor might be if he's not at home.

The pharmacist calls the doctor's home. No answer. He dials the other number. A woman answers and calls to the phone a man who impersonates the doctor. The fake doctor says he's forgotten to call in the prescription, but he'll dictate it on the spot. To make it sound even more legitimate, the phony physician asks the pharmacist to remind his patient, when he picks up the prescription, to call the doctor to make another appointment. Unless the addict makes a mistake—such as picking a pharmacist who knows the doctor well—he walks out with his prescription, and no one's the wiser.

How can you make sure you're not used in this game? One simple suggestion: Give a password to all pharmacists to whom you're likely to telephone narcotics prescriptions. When the password isn't given, the pharmacist may be well advised to call the police. END



© MEDICAL ECONOMICS

CIBA  
**Reports**

# Lethargic postviral patient regains lost drive

...read history of R.G. on next page



Also reported in this documentary section:

- Tense surgical patient sleeps soundly without barbiturates
- How to decrease thiazide dosage in hypertension while you increase control of blood pressure
- New laboratory evidence shows antihypertensive agent prevents heart damage

# How to get more out of your landlord

*Look before you lease! Besides bargaining about rent and concessions, you should try to knock some jokers out of that landlord's lease—and get some plain talk into it*

By Allan J. Parker, LL.M.

How to get the best deal from your landlord, like the old Mafia recipe for omelet ("first steal six eggs"), depends on where you begin. And you should begin before you ink the lease. Once you've signed, and your landlord-to-be has become your landlord-in-fact, you're subject to the terms of a lease representing the combined skills of generations of high-priced attorneys—all working for landlords and *against* tenants.

There's no substitute for reading and understanding the whole lease before you sign it. So you read it. Judged as literature, it's unlikely to become the

Hundred-and-First Great Book. It has a poor story line and no laughs—particularly in the place where it says that if the landlord deems any conduct of the tenant "objectionable or improper," the tenant must surrender the premises to the landlord on five days' notice or the landlord may re-enter the premises and "remove all persons and property therefrom by force or otherwise."

Leases like this are the rule—not the exception. Can you get a better lease for your home or office? The answer, of course, depends on the relative bargaining positions held by you

## R.G. is active again... post-viral fatigue overcome with RITALIN®



Photos used with permission of the patient.



R. G., a 44-year-old real estate broker, thrived on the strenuous demands of a hectic business. In October, 1960, he suffered an episode of viral pneumonitis which kept him in bed for ten days.

The patient made what seemed to be an uneventful recovery. "However," reports his physician, "when he was permitted to resume his usual activities...he complained of easy fatigability and weakness." Physical examination revealed no abnormalities, except for a moderate post-viral hypotension.

**Patient's comment:** "I felt tired and distracted...just couldn't get anything done."

R. G.'s weakness and fatigue persisted. Unaccustomed to enforced inactivity, he became depressed. His physician prescribed Ritalin.

**Patient's comment:** "I noticed the difference the first week...I was able to work at my natural rapid pace."

In one week, the physician notes, there was a decided change in the patient's work capacity. "His general attitude changed to one of optimism. He was able to plunge back into his real estate endeavors with enthusiasm."

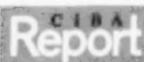
See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, precautions and side effects of Ritalin.

/2003MK

and your prospective landlord. After all, you're buying a commodity—space—that doesn't usually have a formal price tag. It's a commodity that's subject to whatever part of the law of supply and demand hasn't been "repealed" by things like rent control.

Does the fact that you're a doctor help you negotiate with a landlord? Many landlords like to get doctors' offices into their apartments, particularly

garden apartments, on the theory that doctors are prestige tenants and will attract other prestige tenants—as well as tenants in general. Also, a doctor is less likely to move after three years, and a long-term tenancy is the least expensive kind for the landlord. He does not have to pay frequent rental commissions. He can save on redecorating. On the other hand, some landlords feel the traffic and parking problems



## Allergy and itch treated with new FORHISTAL®...a report on 6181 cases

Following initial clinical investigational work, Forhistal was sent to physicians throughout the country for evaluation as an antiallergic and anti-pruritic agent in everyday practice. Therapeutic response and side effects in 6181 cases of allergy and/or itch have been evaluated. In 3419 cases, a comparison was made between Forhistal and previous therapy. Results are shown below. Information about the investigational work done previously is being mailed to you separately and is also available on request.

| Comparison with previous therapy                            | Response to treatment  | Side effects                                       |
|---|--|--|
| Forhistal rated better in 7 out of 10 cases (71.3% of 3419) | Marked to moderate relief in more than 8 out of 10 cases (84.6% of 6181) | None reported in 9 out of 10 cases (90.6% of 6181) |

See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, cautions, and side effects of Forhistal.

gen  
offsc  
T  
gain  
ly o  
spa  
ing ate  
spa  
land  
quot  
to ta  
He

Rep

Com  
bring

In a st  
tient  
170/10  
et al\* n

10 pa  
wit

25 mo  
wh

8 mo  
the  
the

The in  
the us

For comp  
see Physia

Medica

generated by an M.D.'s office offset these benefits.

The strength of your bargaining position depends largely on how badly you want the space and what rent you're willing to pay. In the low or moderate rental field, demand for space almost always exceeds supply. This usually means the landlord hands you the lease, quotes the rent, and tells you to take it or leave it.

However, many doctors are

interested in the higher-priced apartments—\$50 per month per room and upwards. In this bracket, there is sometimes "overbuilding," and the supply of available space often exceeds the demand. This weakens the landlord's position. He likes to get high rents. But he also hates vacancies. Depending on the situation, a landlord will sometimes reduce rent and/or make changes in your lease in order to fill a vacancy. In short,

## CIBA Report

### Combination of Serpasil, Apresoline and Esidrix brings more hypertensive patients under control

In a study of 49 hypertensive patients with blood pressures of 170/100 mm. Hg or more, Dupler et al\* report:

**10 patients were controlled with Serpasil alone**

**25 more responded adequately when Esidrix was added**

**8 more were controlled after the addition of Apresoline to the Serpasil/Esidrix regimen**

Apresoline, and Esidrix in combination has "...added to the possibility of bringing more hypertensive patients under adequate control with relatively safe, effective therapy."\*

**Note:** A combination of 0.1 mg. Serpasil, 25 mg. Apresoline hydrochloride, and 15 mg. Esidrix is now available in a single, convenient tablet: **SER-AP-ES\***

\*Dupler, D. A., Greenwood, R. J., and Connell, J. T.: J.A.M.A. 174:123 (Sept. 10) 1960.  
**SERPASIL®** (reserpine CIBA)  
**APRESOLINE®** hydrochloride (hydralazine hydrochloride CIBA)  
**ESISDRIX®** (hydrochlorothiazide CIBA)

The investigators conclude that the use of low doses of Serpasil,

For complete information about Ser-AP-Es (including dosage, cautions, and side effects), see Physicians' Desk Reference or write CIBA, Summit, N. J.

**Hypertension of over 12 years relieved with Esidrix®**

With Esidrix, Mr. S. was able to conduct his business activities and enjoy his customary fishing trips without discomfort or apprehension.

**H. S.**, a 48-year-old salesman, had been suffering from labile hypertension for over 12 years. Both phenobarbital and rauwolfa had failed to stabilize his blood pressure. Reserpine and chlorothiazide brought some control, but side effects were troublesome. On May 5, 1959, feeling unusually tense, nauseated and dizzy, Mr. H. S. visited his physician.



Work-up disclosed blood pressure of 210/120 mm. Hg, a trace of pretibial edema, heart slightly enlarged to the left, coronal headache, normal urinary function and blood chemistry, and essentially normal EKG. The physician prescribed Esidrix (to be taken with orange juice), and recommended continuation of unrestricted salt diet.

**Blood pressure of 210/120 reduced to 140/90 with Esidrix**

| Date    | Therapy  | Blood Pressure (mm. Hg) | Observations   |
|---------|--|-------------------------|--|
| 5/5/59  | Esidrix (taken with orange juice)                                      | 210/120                 | Dizzy, headache.   |
| 5/15/59 | Esidrix (salt added to diet)   | 210/120                 | Muscle cramps.   |
| 5/22/59 | Esidrix  | 160/90                  | Patient greatly improved.                                  |
| 6/5/59  | Esidrix  | 148/90                  | Improvement maintained. Headaches, dizziness, nausea gone. |
| 6/19/59 | Esidrix  | 140/90                  |  |
| 6/26/59 | Esidrix (KCl substituted for orange juice because of gastric distress) | 140/90                  | Patient feels well, but somewhat weak.                     |
| 7/3/59  | Esidrix  | 140/90                  | Patient no longer weak; continues to feel well.            |

**Esidrix® for edema and hypertension (hydrochlorothiazide CIBA)**

Photos used with permission of the patient.

For complete information about Esidrix (including dosage, cautions, and side effects), see Physicians' Desk Reference or write CIBA, Summit, N. J.

/280CK-1

Mrs. Z.  
morning

Media

you have room for bargaining.

For the landlord of an older building, vacancies are a dead loss, since taxes and maintenance on his apartments have to be paid whether they're occupied or not. For a new building, the landlord's problem may be even more serious. Here's why:

Most large new apartment buildings are paid for by a relatively small investment from the owners and a large construction loan from a commer-

cial bank. When construction is finished, however, the commercial bank expects to be repaid. This means that the building owner has arranged for "take-out" financing—a long-term mortgage loan from a savings bank or an insurance company. Take-out financing is easier to arrange and maintain where the building owner can show the insurance company an imposing list of leases signed, sealed, and delivered. If the

CIBA  
Report

**On Doriden,<sup>®</sup> tense hospitalized patient gets needed sleep and awakes refreshed**



Mrs. Z.'s sleep problem was solved without morning "hangover."

Doriden was prescribed for Mrs. A. Z. from her first night in the hospital to and including the night before a scheduled thyroidectomy. The patient was continued on Doriden from the day after surgery until her discharge the sixth postoperative day.

**Result of Doriden therapy:** The patient slept about 7 hours each night, awoke refreshed and without aftereffects. She stated, "That was good because I usually don't sleep very well." Her physician reports that Mrs. Z.'s response to Doriden was "fine."

See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, precautions, and side effects of Doriden. Photo used with permission of the patient.

© 1961 CIBA

apartments aren't filling up as fast as they should, the owner may have no choice but to reduce rentals by \$10, \$20, or \$30 a month.

How can you tell if there has been any overbuilding in the area or price bracket that interests you? Obviously, neither the apartment owner nor his renting agent is going to tell you. But even a small monthly rent reduction over a three-year lease period would pay many

times the fee of a realtor for an appraisal of the rental market in the area you have in mind. If your family attorney does a good deal of real estate work, he'll probably know what rent reductions are being granted off the "asking price."

Sometimes, where a landlord won't actually reduce his rents, he may be persuaded to give what is known as a "concession." A concession is usually one or more months of rent-free



#### P.K.'s blood pressure response improved — with reduced thiazide dosage — when SINGOSERP® was added

P.K., a postal employee, had marked blood pressure elevation (average, 218/139 mm. Hg), Grade II to III fundi. He had taken whole root rauwolfia without response. On chlorothiazide and mecamylamine, the patient's blood pressure dropped to near-normal levels (average, 140/104 mm. Hg), but he complained of several side effects including nocturia. Adding Singoserp to the regimen permitted elimination of mecamylamine, and  $\frac{2}{3}$  reduction in chlorothiazide dosage. In a little over a month, blood pressure reached even lower levels than previously (average, 120/94 mm. Hg), changes in fundi were reversed to Grade I, and side effects were no longer experienced.

Photograph used with permission of the patient.

occupa  
the sta  
in.

If yo  
cession  
right a  
the lea  
gained  
sion, a  
you mo  
April,  
for Ap  
for Ap  
year, f

Study s

improve

are\* rep  
c relief  
substitut  
his occu  
iazide d

more treat  
uring treat  
with 50 mg.  
ydrochlorid  
d.i.d.

uring treat  
with 25 mg.  
ydrochlorid  
us 1 mg.  
ngoserp t.  
Number of  
Bare, W. W  
ee the  
complete  
of Singos

159

occupancy of the apartment at the start to induce you to move in.

If you're able to wring a concession from a landlord, take it right away—not at the end of the lease term. If you've bargained for a two-month concession, agree in writing that if you move in, say, on the first of April, you'll pay the rent only for April and receive receipts for April, May, and June. Last year, for example, in parts of

Riverdale (a high-rent apartment section of New York City), concessions of one, two, or even three months' rent-free occupancy were being given—but not unless they were asked for. If a renting agent says he has no authority to grant concessions, find out who does have authority and ask to speak to him.

Then, too, if you make your lease on a new apartment when the building is in the early

#### **Study shows SINGOSERP increases control of blood pressure, improves symptomatic response, decreases thiazide dosage**

Bare\* reports marked improvement in blood pressure response and symptomatic relief when a tablet containing Singoserp and hydrochlorothiazide was substituted for hydrochlorothiazide alone in 63 elderly, hypertensive patients. This occurred despite a decrease of 25 mg. in the daily dose of hydrochlorothiazide during combination therapy.

|  | Mean Blood Pressure<br>(mm. Hg) |           | Side Effects     |      |                  |      |                  |      |
|--|---------------------------------|-----------|------------------|------|------------------|------|------------------|------|
|  | Systolic                        | Diastolic | Dyspnea          |      | Dizziness        |      | Headache         |      |
|  |                                 |           | No. <sup>t</sup> | %    | No. <sup>t</sup> | %    | No. <sup>t</sup> | %    |
| Before treatment   | 187                             | 111       | 36               | 57.2 | 45               | 71.5 | 46               | 76.2 |
| During treatment<br>with 50 mg.<br>hydrochlorothiazide<br>t.i.d.                         | 162                             | 96        | 12               | 19.1 | 18               | 28.5 | 12               | 19.1 |
| During treatment<br>with 25 mg.<br>hydrochlorothiazide<br>plus 1 mg.<br>Singoserp t.i.d. | 154                             | 88        | 9                | 14.3 | 6                | 9.5  | 1                | 1.6  |
| Number of patients   |                                 |           |                  |      |                  |      |                  |      |

(Adapted from Bare.\*)

Bare, W. W.: J. Am. Geriatrics Soc. 8:795 (Oct.) 1960.

See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, precautions, and side effects of Singoserp.

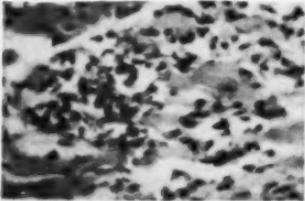
S/2092MK

stages of renting, you're in a better position to have some say about how your apartment is equipped. Keep an eye open for whatever additional power lines or outlets may be necessary for things like your X-ray or diathermy machines. Additional electric circuits, wiring, and outlets cost a great deal less to install during construction than they do after construction is completed and plaster has to be ripped out.

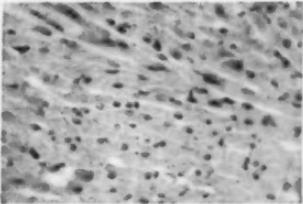
To sum up the preliminaries, these are the things to do before you discuss the lease: Check to see if there's been much "overbuilding" in your chosen area and/or rental bracket. Try for an out-and-out rent reduction that will benefit you over the full term of the lease; if you can't get this, try for a concession of one or more months' rent-free occupancy. Then see what you can do on decoration, refurnishing, and

## CIBA Report

### Stress-induced heart damage "greatly reduced or entirely prevented" by SERPASIL®



Severely damaged heart muscle of a rat given 2- $\alpha$ -methyl-9- $\alpha$ -fluorohydrocortisone and stressed (restraint). (After Raab et al<sup>1</sup>)



Undamaged heart of a rat given 2- $\alpha$ -methyl-9- $\alpha$ -fluorohydrocortisone and stressed as at left, but also given Serpasil (0.4 microgram daily for one week). (After Raab et al<sup>1</sup>)

Note: While Serpasil did not completely protect the hearts of all animals in this study, it greatly reduced myocardial damage in most of them. Original magnification of photomicrographs above: approx. 450X.

1. Raab, W.: Research report to CIBA. 2. Raab, W., Stark, E., and Gigea, W.R.: Unpublished data. See the Therapeutic Guide at the end of this documentary section for complete information about indications, dosage, cautions and side effects of Serpasil.

DORIDEN  
Nonbarbiturate  
Indication: 0.5 Gm. when needed before rising.  
Gm. t.i.d.  
0.5 Gm.  
1 Gm. 1/2 of Labor: repeated doses.  
Caution: may disturb. Dorden observed dependence rarely. To dosage side effect rash may occur.  
Dorden supplied: 0.5 Gm. (vial 1000. Tab. 100. Capsule.)

FORHIS  
(dimethylpyrrolidine)  
A New Antihistaminic  
Description: antiallergic relieves symptoms and practical evidence in patients o  
Indication: and perentinal bronchial especially those dermal edema, dermatoses, to other tissues and contact. Average age: 6 years old or twice daily times daily. Pediatric Dr. (0.6 ml.) 2 Side effects reported is sedation. Other occurred in gastroenteritis, diarrhea, excruciating irritability, discomfort.

# Therapeutic Guide

**DORIDEN®** (glutethimide CIBA)**Nonbarbiturate Daytime  
and Night-time Sedative**

**Indications and dosage:** *Night-time Sedation:* 0.5 Gm. at bedtime. May be taken again when needed but not less than 4 hours before rising. *Daytime Sedation:* 0.125 to 0.25 Gm. t.i.d. after meals. *Preoperative Sedation:* 0.5 Gm. the night before surgery; 0.5 to 1 Gm. 1 hour before anesthesia. *First Stage of Labor:* 0.5 Gm. at onset of labor. May be repeated if needed.

**Caution:** As with other sedatives, emotionally disturbed patients who may receive Doriden over prolonged periods should be observed carefully for possible signs of dependence, even though this occurs only rarely. To minimize withdrawal reactions, dosage should be reduced gradually.

**Side effects:** Side effects are minimal. Skin rash may occur occasionally, in which case Doriden should be withdrawn.

**Supplied:** Tablets, 0.25 Gm. (white, scored), 0.5 Gm. (white, scored); bottles of 100, 500, 1000. Tablets, 0.125 Gm. (white); bottles of 100. Capsules, 0.5 Gm. (blue and white).

**FORHISTAL® maleate**  
(dimethylpyridine maleate CIBA)**A New Agent for Allergy and Pruritus**

**Description:** Forhistal is a new, low-dosage antiallergic and antipruritic agent which relieves symptoms in a wide range of allergic and pruritic disorders. Forhistal, as clinical evidence shows, is well tolerated in patients of all ages.

**Indications:** *Respiratory allergies:* seasonal and perennial rhinitis, vasomotor rhinitis, bronchial asthma, etc. *Ocular allergies:* especially those accompanying hay fever. *Allergic dermatoses:* urticaria, angioneurotic edema, dermatitis medicamentosa. *Pruritic dermatoses:* for relief of itching, as an adjunct to other therapy in management of atopic and contact dermatitis, etc.

**Average dosage:** Adults and children over 6 years of age: Lontabs - 1 Lontab once or twice daily. Tablets - 1 or 2 tablets 1 to 3 times daily. Syrup - 1 or 2 teaspoons 1 to 3 times daily. Children under 6 years of age: Pediatric Drops - 0.25 mg. (0.3 ml.) to 0.5 mg. (0.6 ml.) 2 or 3 times daily.

**Side effects:** The principal side effect reported is some degree of sedation or drowsiness. Other side effects, which have occurred infrequently, are dryness of mouth, gastrointestinal discomfort, nausea or diarrhea, excessive stimulation, insomnia or irritability, dizziness, headache, bladder discomfort and increased nocturia.

**Supplied:** Lontabs, 2.5 mg. (orange); bottles of 100. Tablets, 1 mg. (pale orange, scored); bottles of 100. Syrup (pink), containing 1 mg. Forhistal maleate per 5-ml. teaspoon; bottles of 4 fluidounces. Pediatric Drops (pink), containing 0.5 mg. Forhistal maleate per 0.6 ml.; bottles of 1 fluidounce, with droppers calibrated for delivery of 0.3 or 0.6 ml. LONTABS® (long-acting tablets CIBA)

**RITALIN® hydrochloride**

(methylphenidate hydrochloride CIBA)

**Stimulant-Antidepressant**

**Indications and dosage for oral Ritalin:** Whenever lethargy is a problem—as in menopause, senility, oversedation, mild depression, and convalescence—Ritalin safely restores physical and mental activity within normal physiologic limits. Dosage depends upon indication and individual response. Many patients respond to 10 mg. b.i.d. or t.i.d. Others may require 20-mg. doses; in a few cases, 5-mg. doses will be adequate.

**Contraindication:** Agitated depression. However, patients in this state have responded very well to a combination of Serpasil and Ritalin, since optimal doses of both drugs can be given with fewer side effects.

**Side effects:** Side effects have usually been minimal. Among complaints mentioned have been nervousness, insomnia, and a few cases of anorexia, nausea, dizziness, palpitation, headache, and drowsiness. Very rarely blood pressure and pulse changes, both up and down, have been recorded. A small number of patients, particularly those with an element of agitation, may react adversely to Ritalin; in these cases medication should be discontinued.

**Supplied:** Tablets, 5 mg. (yellow) and 10 mg. (light blue); bottles of 100, 500 and 1000. Tablets, 20 mg. (peach-colored); bottles of 100 and 1000.

**Information on the use of parenteral Ritalin (indications, dosage, cautions, and side effects) sent on request.**

**SERPASIL®** (reserpine CIBA)**Antihypertensive and  
Heart-Protecting Agent**

**Indications and dosage:** Serpasil reduces blood pressure in patients with mild to moderate hypertension. It is especially useful in anxious, tense patients, and in those with tachycardia—for it exerts a calming effect, imparts a sense of well-being, and tends to normalize the heart rate. In addition, Serpasil depletes catecholamines from the heart; it may thereby protect hypertensive patients against catecholamine-induced heart damage.

(turn page)

Serpasil may be used alone or in combination with other antihypertensive agents. In the average patient not receiving other antihypertensives, the average initial dose is two 0.25-mg. tablets daily, with a range of 0.1 to 1 mg. Continue for at least a week. If results prove satisfactory—as they will in many cases—no other medication is necessary. For maintenance, the dose should be reduced to 0.25 mg. or less daily. If the response to Serpasil alone is inadequate, other agents such as Esidrix, Apresoline, or Ismelin may be added to the regimen.

**Caution:** During anesthesia, significant hypotension and bradycardia have been observed in hypertensive patients being treated with Serpasil. If possible, Serpasil should be withdrawn from such patients 2 weeks prior to elective surgery. If an emergency operation is required, vagal blocking agents should be given parenterally to prevent or reverse hypotension and/or bradycardia.

Because Serpasil may increase gastric secretion, it should be used with caution in patients with a history of peptic ulcer.

**Side effects:** The side effects of Serpasil are characteristic of all rauwolfa preparations. Because of its sedative action, some patients may experience lassitude or mild drowsiness, especially during the period when the dosage is being adjusted. This usually disappears when the optimal dosage level has been attained. Nasal stuffiness or congestion of varying degree occurs occasionally and may be alleviated by use of a suitable topical vasoconstrictor. Increased frequency of defecation and/or a tendency to looseness of stools may occur occasionally. Other side effects, rarely observed, include anorexia, headache, nausea, and dizziness.

A very few patients taking Serpasil have developed moderate to severe "depression." When the drug is discontinued, depression usually disappears, but active treatment including hospitalization for shock therapy has been required in some cases. Adjunctive use of mood-elevating agents such as Ritalin is often sufficient to relieve mild depression.

In general, it is preferable to administer Serpasil after meals in order to obviate the discomfort due to possibly increased gastric secretion.

**Supplied:** Tablets, 0.1 mg. (white), 0.25 mg. (white, scored) and 1 mg. (white, scored); bottles of 100, 500, 1000 and 5000.

**Information on the use of parenteral Serpasil (indications, dosage, cautions, and side effects) sent on request.**

### SINGOSERP® (syrosingopine CIBA)

#### Lowers Blood Pressure—

#### Usually Without Rauwolfa Side Effects

**Indications and dosage:** For mild to moderate hypertension, including pre-eclampsia and essential hypertension associated with pregnancy. The suggested initial dose is 1 to 2 tablets (1 to 2 mg.) daily in single or divided doses. Some patients may require and will tolerate 3 or more tablets daily. Since Singoserp has both a gradual onset and prolonged duration of effect, a trial of at least 2 weeks with the starting dose is indicated for the proper evaluation of results. The dose for long-term maintenance therapy in most cases will range from  $\frac{1}{2}$  to 3 tablets (0.5 to 3 mg.) daily. In more resistant cases, Esidrix, Apresoline, or Ismelin may be used in combination with Singoserp—in lower dosages than when they are used alone.

**Caution:** Since rauwolfa preparations are known to stimulate the secretion of gastric fluids, caution should be exercised in administering Singoserp to patients with peptic ulcer and to those with histories suggestive of this disorder.

Marked hypotension has been reported in patients undergoing anesthesia while being treated with conventional rauwolfa drugs. Therefore, it may be desirable to reduce or discontinue the dosage of Singoserp several weeks prior to an elective procedure.

**Side effects:** The side effects of Singoserp are less frequent and milder than those of conventional rauwolfa drugs. Nasal congestion, usually mild, occurs occasionally and may be relieved by use of a suitable topical vasoconstrictor. Other side effects which occur even less frequently are gastric irritation, drowsiness, fatigue, nausea, headache, emotional depression, skin rash, restlessness, and anxiety.

Reports of emotional depression associated with the use of Singoserp have been rare and therefore difficult to interpret. Moreover, a number of patients manifesting symptoms of depression during treatment with conventional rauwolfa drugs either have not had a recurrence of these symptoms or have actually experienced relief of them when given Singoserp in doses producing adequate control of blood pressure.

**Supplied:** Tablets, 1 mg. (white, scored); bottles of 100 and 1000.

repairs. Don't sign the lease until a list of agreed-upon repairs (especially on an older apartment) is signed by the landlord and you. Don't be put off by any oral promises that "we'll fix it all up."

Having taken care of these preliminaries, turn your attention to the fine print in the lease itself. Ideally, you should scrap the whole printed "landlord lease" and start out with a simple contract drawn by your lawyer. Unfortunately, this is rarely possible, and the next best thing is to read that fine print carefully to see if it contains certain covenants that you as a doctor should have. These are things you should try to get written into your lease:

1. *Get a warranty to practice.* As a physician, you should have a warranty from the landlord that the zoning laws permit you to practice medicine in the apartment and to maintain necessary equipment and customary outside signs or lighting. Remember, there's often a difference in zoning regulations between an apartment that's both a home and office, and an

from Calgary

to Madrid

**HISTACOUNT®  
PRODUCTS**

Billheads and Statements, for instance. The billheads and statements we printed last year, placed end to end, would reach from Calgary, Alberta, Canada to Madrid, Spain.\*

This fact is important because it reflects your faith in us . . . your satisfaction in our fine Histacount products.

If, perhaps, you haven't yet tried Histacount products, you should. You will be pleased with the fine quality, low prices, courteous service and unconditional guarantee.

\* 4100 miles.

PROFESSIONAL printing company, inc.  
HISTACOUNT BUILDING  
NEW HYDE PARK, N.Y.

America's Largest Printers to the Professions

## ...Your office

apartment leased exclusively as an office.

*2. Get a description of the premises.* Make sure the lease describes completely what you are getting for your rent money. Besides listing the rooms, it should mention any space you have been promised in the basement, attic, garage, or grounds.

*3. Get a warranty on facilities.* Try for a warranty by the landlord that the power and plumbing facilities are such that you'll be able to operate all the usual equipment needed in a physician's office. Along these same lines: If the landlord has

than one doctor who forgot to do this has had to pay for bringing in 220-volt cables.

*4. Get protection for your equipment and improvements.* It's a good idea to get a clause stipulating the extent to which you may alter the premises. Most landlords' lease forms require a departing tenant to restore the premises as they were, reasonable wear and tear excepted. Are you planning substantial improvements such as a new air-conditioning unit? If so, have the lease specify that you may take the unit with you.

*5. Get a guarantee for customary services.* One of the few things the landlord traditionally pledges is "customary services" such as elevator, hot water, heat, and occasionally air conditioning. Your lease should mention specifically just what services the landlord is going to provide. Sometimes, many of these services are turned off at night or on weekends. If you have evening or week-end office hours, make sure that the lease guarantees you these services during the hours you need them. Also, try



promised to pay for any special electrical work you may require (this applies to gas and plumbing as well), make sure you get this promise in writing. More



# CYCLEX®

HYDRODIURIL® WITH MEPROBAMATE  
HYDROCHLOROTHIAZIDE

for EDEMA...CYCLEX provides the prompt diuresis of HYDRODIURIL for rapid reduction of weight gain, breast fullness, abdominal congestion

## Relieve the symptoms of premenstrual tension

for MOOD-CHANGES...CYCLEX supplies the effective relief of meprobamate for nervousness, irritability, tension, nausea, malaise, insomnia

for GI DISTRESS...CYCLEX affords quick-acting relief of nausea and bloating associated with premenstrual tension

SUPPLIED: Tablets, bottles of 100. Each tablet contains 25 mg. of HYDRODIURIL (hydrochlorothiazide) and 200 mg. of meprobamate.

DOSAGE: Usual adult dosage is one tablet once or twice a day, beginning on the first morning of symptoms and continuing until the onset of menses. CYCLEX may be continued through the menstrual period.

Before prescribing or administering CYCLEX, the physician should consult detailed information on use accompanying package or available on request.

CYCLEX and HYDRODIURIL are trademarks of Merck & Co., Inc.



MERCK SHARP & DOHME  
Division of Merck & Co., Inc.  
West Point, Pa.

## ...Your office

to bargain for a clause that says if the air conditioning (if the landlord supplies it) is shut off for the major portion of any month, the rent will decrease



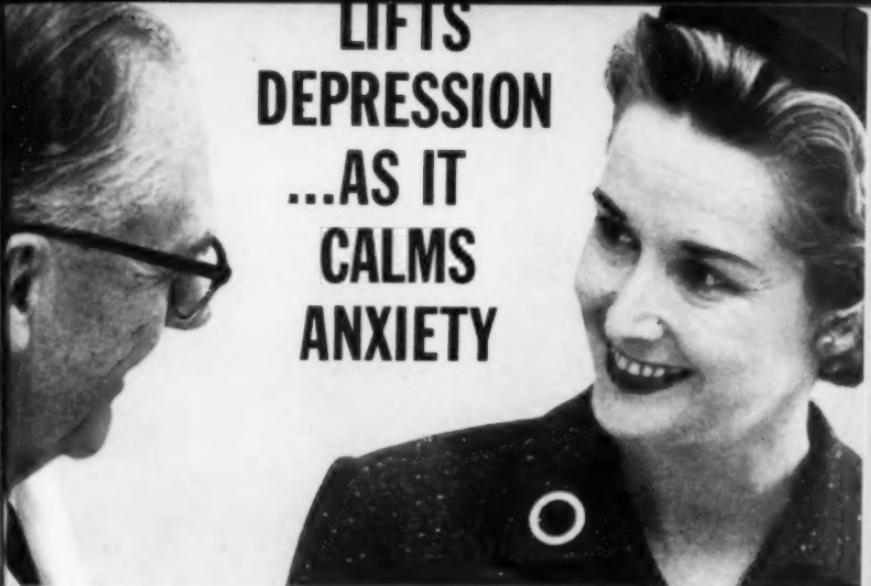
by some stipulated figure. If you don't, you may find yourself paying handsomely for a service you aren't getting.

6. *Get a guarantee that you'll be warned of any violations.* Be sure you won't be evicted for any inadvertent default on one of the lease's twenty or thirty "Rules and Regulations." You might suggest a clause that requires the landlord to give you reasonable notice of any such violations on your part, and a chance to correct your default in due time.

And you'd do well to object to any clause that says, in effect: If you default on any of these rules, you have to pay the rent for the entire period of your lease in one lump sum—immediately.

7. *Get the lease to define "objectionable conduct."* Watch for that fine-print clause I mentioned earlier—the one that says you can be thrown out of the apartment on five days' notice for objectionable conduct. If you can't get this clause struck completely, have the landlord specify in writing just what kind of conduct is to be deemed "objectionable."

8. *Get (written) permission to sublet.* Where a lease runs for more than a year, see if you can get an escape clause permitting you to move out earlier and assign your lease to another party. First try to get an unrestricted privilege to assign or sublet. If his answer is no, then suggest a clause like this: "The tenant shall not assign . . . without the landlord's consent, but such consent shall not be unreasonably withheld." If he won't even go that far, at least



# LIFTS DEPRESSION ...AS IT CALMS ANXIETY

"I feel like my old self again!" Thanks to your balanced Deprol therapy, her depression has lifted and her mood has brightened up — while her anxiety and tension have been calmed down. She sleeps better, eats better, and normal drive and interest have replaced her emotional fatigue.

## Brightens up the mood, brings down tension

**Balanced action** — avoids "seesaw" effects of energizers and amphetamines.

**Acts rapidly** — you see improvement in a few days.

**Acts safely** — no danger of liver or blood damage.

**Dosage:** Usual starting dose is 1 tablet q.i.d. When necessary, this may be gradually increased up to 3 tablets q.i.d.

**Composition:** 1 mg. 2-diethylaminethyl benzoate hydrochloride (benactyzine HCl) and 400 mg. meprobamate.

**Supplied:** Bottles of 50 light-pink, scored tablets. Write for literature and samples.

# ▲Deprol▲



WALLACE LABORATORIES / Cranbury, N.J.

CD-4428

try to win the right to terminate the lease for health or professional reasons—or for military service.

9. *Get a "fire insurance" clause.* In some states, unjust though it seems, you may have to keep on paying rent if your office is destroyed by fire. To guard against this possibility, tack a protective clause onto the lease.

In addition to getting some favorable fine print written into that lease, you should also be on guard against specific clauses that can be dangerous to you. These are the most important ones:

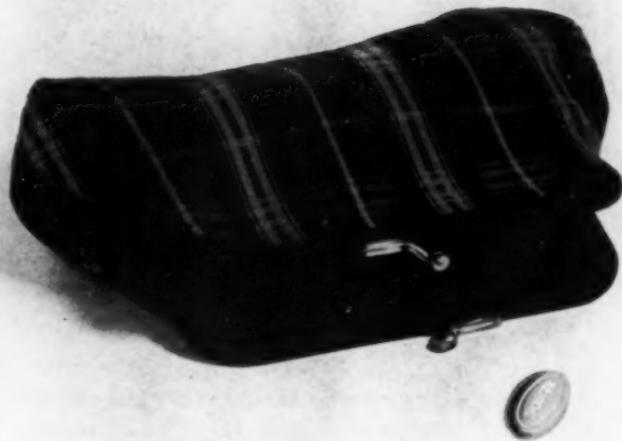
¶ Watch out for clauses that say the landlord isn't liable for damages to a tenant on account of personal injuries or property damages caused by such occurrences as falling plaster, broken steam pipes, or plugged drains. In many states, the law holds a landlord liable for his own negligence—even if the lease says he is not. In all events, the landlord is entitled to reasonable notice of defects before he's made responsible for damages to the tenant or to



the tenant's family, guests, and patients, on account of these defects. One medical man noted a crack in the floor of the corridor leading to his waiting room. Because he failed to notify the landlord's building agent, the doctor (not the landlord) was held liable when a patient who tripped and fell over the crack was injured.

¶ Watch out for a clause that might give you trouble after the lease has expired. Some states allow a landlord to hold you for an entire year's rent if you overstay your lease by even a few days. In December two years ago, a Midwestern radiologist wrote his landlord that he was planning to move on Feb. 15. (His lease was due to expire

qu  
cli  
tha  
  
P  
Squibb  
venier  
'400' f  
(200,000  
• Pent  
Sulfas  
prepar  
(200,000  
  
\*PENTIDES®  
ARE SQUIBB



## quality with economy

**Clinically proved oral penicillin therapy  
that costs your patients less**

# PENTIDS

Squibb Penicillin G Potassium

Available in these convenient dosage forms: Pentids '400' Tablets (400,000 u.) • Pentids '400' for Syrup (400,000 u. per 5 cc. when prepared) • Pentids Tablets (200,000 u.) • Pentids for Syrup (200,000 u. per 5 cc. when prepared) • Pentid-Sulfas Tablets (200,000 u. with 0.5 Gm. triple sulfas) • Pentid-Sulfas for Syrup (200,000 u. with 0.5 Gm. triple sulfas per 5 cc. when prepared) • Pentids Capsules (200,000 u.) • Pentids Soluble Tablets (200,000 u.)

\*PENTIDS® AND \*PENTID®  
ARE SQUIBB TRADEMARKS.

For full information,  
see your Squibb  
Product Reference  
or Product Brief.



**SQUIBB**

*Squibb Quality —  
the Priceless Ingredient*

on Jan. 15.) The landlord said nothing until the doctor had almost finished moving his equipment into a new office. Then came the note: "Your written lease ran out January 15. Since you are still in possession of the office after that date, I intend to hold you liable as tenant for another year." The doctor put up a fight, but the courts upheld the landlord.

\* Watch out for tricky renewal clauses. Obviously, it's worth your while to get an option to renew your lease. But the important thing about renewal clauses is not only *what* they say, but whether you *know and remember* what they say. Sometimes there's a clause saying you lose your option to renew unless you give notice by a certain day. Conversely, there

may be a clause saying your lease is renewed automatically unless you give notice by a certain day. If you let one of these clauses slip your mind, you may find yourself paying two rents for the next two or three years—or longer!

\* Watch out for a "viewing clause." This gives your landlord the privilege of showing the place to prospective new tenants, for a specified period, before your term runs out. To minimize this nuisance, try to hold the viewing period to a reasonable length of time—thirty days, perhaps.

All this is fine, you may think; but what happens when the landlord's rental agent says: "This apartment is one of many owned by a large corporation. Our policy is to use



YO  
OF

As  
you  
pro  
wh  
cau

Y  
tion  
and  
cell  
den  
are  
teed  
to  
Lev

M  
for a  
form  
intro  
ofte  
Polis  
oblig  
LOO

ASSACH

CLIP AND  
THIS CO  
FOR "FA

# YOUR SWORD OF DAMOCLES...

As a doctor, the greatest threat to your earning power is disability! A prolonged sickness or accident which stops your income could cause financial disaster.

Your Non-Cancellable obligations such as food, clothing, shelter and office expenses need Non-Cancellable protection. All Mass. Indemnity Disability Income Policies are Non-Cancellable and Guaranteed Renewable to age 65 (women to age 60) with a Guaranteed Level Premium.

Mail the attached coupon today for a free copy of "Facts". This informative booklet will serve as an introduction to the phraseology often found in Accident and Health Policies. Naturally, there is no obligation.

LOOK FOR US AT AMA BOOTH #P-3



## MASSACHUSETTS INDEMNITY AND LIFE INSURANCE COMPANY

CLIP AND MAIL  
THIS COUPON  
FOR "FACTS".



Massachusetts Indemnity and Life Insurance Company  
654 Beacon Street, Boston, Massachusetts

Gentlemen:

Please send me a free copy of "Facts"

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

...Your office

the lease form developed by our attorneys. We don't make any exceptions or changes." In other words, take it or leave it!

Obviously, one answer is to leave it. But if you want the space badly, it's some consolation to know that generations of tenants have lived under the landlord's form of lease. On the other hand, you may be one who doesn't have to. So before you write your name on the dotted line, try at least for a rent re-

duction, a concession, or more pro-tenant clauses. And remember: You probably won't get anything unless you ask for it and keep asking for it. END

### Zoning law 'sleeper' may threaten your office

How long could you keep your office open if either you or your office aide were forced to live in the building? Silly question? It's

85% Effective  
**IMPOTENCE**  
and Fatigue  
in Men

Research  
Supplies

PHARMACEUTICALS — PINE STATION, ALBANY 3, N. Y.

© 1961

#### GLUKOR . . .

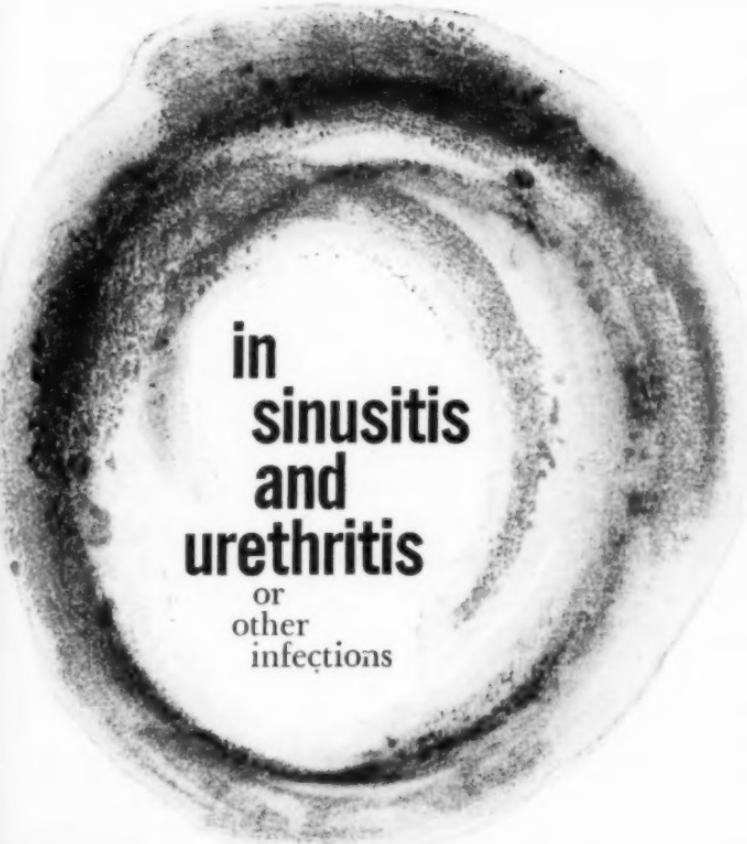
the original synergistically fortified chorionic gonadotropin (contains Chorionic Gonadotropin, Thiamin Hydrochloride, L (+) Glutamic Acid), Dose 1cc 1M, 10cc and 25cc Vials.

#### PUBLISHED ARTICLES ON GLUKOR:

1. Gould, Wm. L.: A New Therapeutic Approach to Aging, Clin. Med. (July) 1957.
2. *id.*: Impotence, Med. Times (March) 1956.
- 3 *id.*: Male Climacteric, Med. Times (March) 1951.
4. *id.*: Male Senility, Med. Times (October) 1951.
5. Browning, Wm. J.: Male Climacteric & Impotence, Int. Rec. Med. (Nov.) 1960.
6. Robinson, H. R.: Gonadal Stimulation for Impotence, Med. Rec. & Annals (April) 1960.
7. Milhoan, A. W.: Heterosexual vs. Homosexual Hormones, Tri-State Med. Jour. (April) 1958.
8. Stroberg, I.: Female Senility, N. Y. State Jour. of Med. (March) 1953.
- Literature Available



U. S. PATENT No. 2,943,922



**in  
sinusitis  
and  
urethritis**

or  
other  
infections

# D antibiotic therapy with an added measure of protection **DECLOMYCIN** DEMETHYLCHLORTETRACYCLINE LEDERLE

against relapse—up to 6 days' activity on 4 days' dosage

against secondary infection—sustained high activity levels

against "problem" pathogens—positive broad-spectrum antibiosis

CAPSULES, 150 mg., 75 mg.; PEDIATRIC DROPS, 60 mg./cc.; SYRUP, 75 mg./5 cc.  
Request complete information on indications, dosage, precautions and contraindications  
from your Lederle representative or write to Medical Advisory Department.

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

*Introducing*

# "PLEGINE"

BRAND OF PHENDIMETRAZINE BITARTRATE

*new, potent appetite-suppressant*

"Plegine" provides strong appetite suppression, yet does not penalize the patient with disturbing side effects.

An average weight loss of more than a pound per week has been shown clinically—even without dietary restriction. Weight loss has been obtained with virtual absence of CNS and cardiovascular complications. No significant effect on heart rate, blood pressure, and respiration has been reported. Episodes of nervousness and insomnia have been rare and usually minor.

*"Plegine" truly offers:*

FIRM APPETITE DISCIPLINE  
WITH A "VELVET TOUCH"

## **"PLEGINE"** provides unique benefits in the management of obesity

- suppression of appetite readily and easily achieved
- significant weekly weight loss recorded clinically
- virtually no effects on blood pressure, pulse, and respiration
- low incidence of nervousness and insomnia
- no tolerance reported to date
- high degree of patient acceptability

**DOSAGE AND ADMINISTRATION:** The usual suggested dosage is 1 tablet b.i.d. or t.i.d., one hour before meals. Dosage, however, should be adjusted to the needs of the patient. In some cases,  $\frac{1}{2}$  tablet per dose will suffice; in others, 2 tablets b.i.d. or t.i.d. may be required. A dietary regimen is advisable in conjunction with appetite-suppressant therapy.

**AVAILABILITY:** No. 755—Each "Plegine" Tablet contains 35 mg. of Phendimetrazine bitartrate (scored), bottles of 100 and 1,000.

**CAUTION AND CONTRAINDICATIONS:** No adverse effects on blood pressure, heart rate and respiration have been reported with "Plegine." However, as is true for all medication of this type, "Plegine" is not recommended for patients with coronary disease, severe hypertension, or thyrotoxicosis, and should be used with caution in highly nervous or agitated individuals.

AYERST LABORATORIES  
New York 16, N.Y. • Montreal, Canada





*Early treatment of*  
**HERPES ZOSTER**  
*and*  
**NEURITIS<sup>1-4</sup>**

*with*  
**PROTAMIDE®**  
**provides rapid relief**

Relief of inflammatory radicular pain is prompt when Protamide is administered early<sup>1-4</sup> in the course of the disease. Recovery usually follows in three to six days, with prompt response even in ophthalmic herpes zoster.<sup>5</sup>

Published clinical studies suggest that Protamide acts as a direct suppressant of neuritis due to acute inflammation of the nerve root. The response to early treatment is sufficient to be diagnostic in inflammatory neuritis.<sup>3,4</sup>

Protamide—an exclusive denatured colloidal enzyme preparation . . . virtually safe and painless. *Not* foreign protein therapy.

**ADMINISTRATION:** One ampul (1.3 cc.) I. M. daily for 2 to 5 days usually relieves pain completely in patients treated early. For detailed information, refer to PDR, page 731, or write to our Medical Department.

- (1) Baker, A.G.: Penn. Med. J. 63:697 (May) 1960. (2) Smith, R. T.: New York Med. (Aug. 20) 1952, pp. 16-19. (3) Smith, R. T.: Med. Clin. N. Amer. (Mar.) 1957. (4) Lehrer, H. W., et al.: Northw. Med. (Nov.) 1955. (5) Sforzolini, G. S.: Arch. Ophthal. 62:381 (Sept.) 1959.

*Sherman Laboratories*  
Detroit 11, Michigan

...Your office

not in Cincinnati. A good many physicians there may be affected if just such an ordinance—now on the books—is enforced.

As in many other areas, doctors' offices are scattered through residential districts of Cincinnati. For twenty-seven years, zoning laws in these districts have required the doctor-owners to sleep in. Everyone ignored this requirement—until recently. Then a local group called the Housing League began campaigning for its enforcement. "Medicine is big business, the same as any other business, and in its modern concept does not need physicians' offices in residential neighborhoods," the group declared.

Fighting back, Cincinnati's Academy of Medicine has met with the City Council and won an agreement to postpone any action against physicians maintaining such offices. It's now working with the Council on an amendment to the zoning law. But until amended, the law threatens dozens of local physicians. The same may well be true in many other communities, local observers say. END

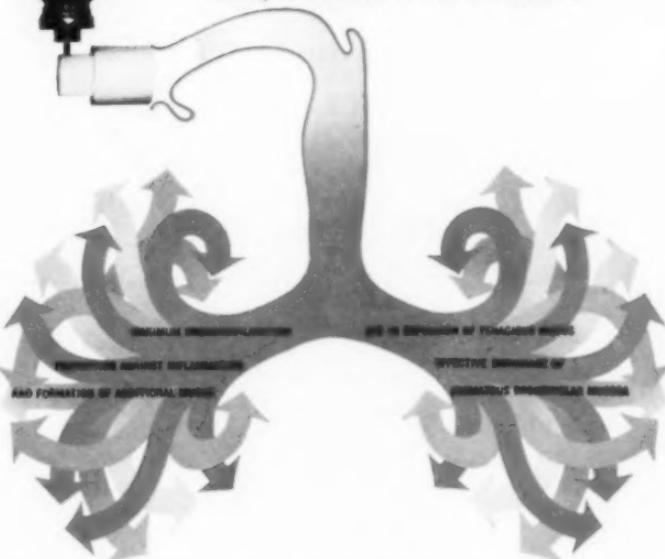
N  
pocke  
CLE



a full line of s



## BRONCHIAL ASTHMA comprehensive relief in seconds



# NEW BRONKOMETER®

pocket-size antiasthmatic aerosol that is more than just a bronchodilator  
**CLEAR AND DILATES WITH MINIMAL SIDE EFFECTS**

Bronkometer is a synergistic combination of isoproterenol (a new bronchodilator); phenylephrine (bronchodilator-bronchovasoconstrictor-decongestant); and theophylline (bronchodilator-antihistamine). These agents reinforce each other to give asthma patients a significant increase in vital capacity.

Because a smaller amount of each active agent is required than would be necessary if each were administered separately, Bronkometer has a wide margin of safety. And the pocket-size aerosol, complete with measured-dose valve and oral nebulizer, allows the use of the ideal route of administration for combating acute attacks.

(Also available: Bronkospray®, antiasthmatic solution for use in a conventional nebulizer.)

Bronkometer delivers at the mouthpiece 200 measured doses of: 350 mcg. isoproterenol methanesulfonate (0.6%); 70 mcg. phenylephrine HCl (0.125%); and 30 mcg. theophylline HCl (0.05%) with inert propellants and preservatives. Average adult dose is one or two inhalations. Occasionally, more may be required. Even though Bronkometer has a wide margin of safety, the usual precautions associated with the use of sympathomimetic amines should be observed.

**Bibliography:** 1. Spielman, A. D.: Evaluation of a New Antiasthmatic Compound Aerosol, in press. 2. Lands, A. E., et al.: The Pharmacologic Actions of the Bronchodilator Drug, Isoproterenol, J. Am. Pharm. (Scient. Ed.), 47:744 (Oct. 1958).

For full information on Breon's five antiasthmatics, see pp. 538-539 of the 1961 Physicians' Desk Reference plus the 2nd, 3rd or 4th quarterly supplement.

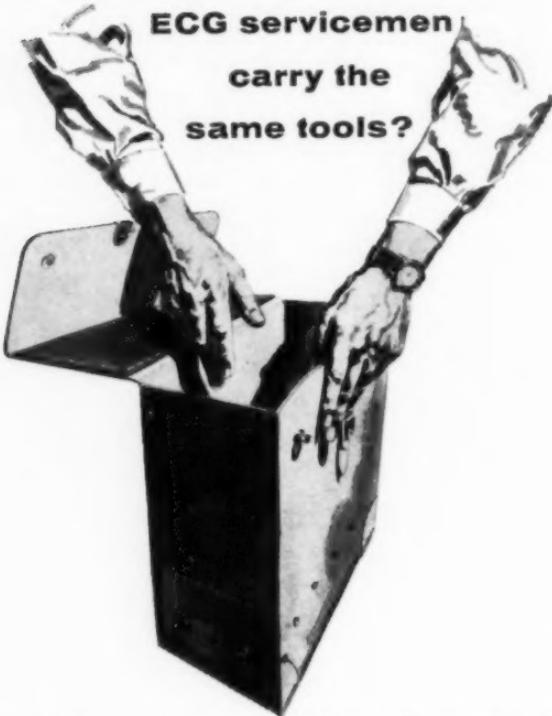
A full line of antiasthmatics designed to meet every patient's need. **BREON** Rx Products Division, Breon Laboratories Inc., N.Y., N.Y.

**do all**

**ECG servicemen**

**carry the**

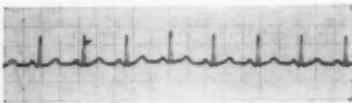
**same tools?**



Perhaps they do . . . if you consider their "tools" to be only soldering irons, spare components, milliammeters and the like. But what about their training, experience, and personal interest in your satisfaction?

The men who service Sanborn electrocardiographs are qualified technicians — highly skilled and experienced in medical electronics. Their training and experience are important; but important, too, is their direct, personal interest in providing every Sanborn owner with competent, prompt, responsible service.

It's a "service tool" well worth remembering the next time you buy an electrocardiograph.



MEDICAL DIVISION

**SANBORN  
COMPANY**

175 Wyman St., Waltham 54, Massachusetts

## Professional briefs

*Medical Economics, June 5, 1961*

---

DO YOU PAY YOUR OFFICE HELP as much as they could earn in a hospital? New Bureau of Labor Statistics data show that hospital salaries in 15 cities now average as follows: general duty nurses, \$78 a week; female X-ray technicians, \$73; switchboard operator-receptionists, \$58.

---

HIGH COST OF INJURY SUITS: A Milwaukee man's \$2,535 award was cut to \$221 after he paid legal fees, doctor bills, and \$500 to two M.D.s who testified for him. Now Milwaukee doctors are considering an impartial witness system.

---

NEXT TIME A PATIENT COMPLAINS about hospital costs, you might tell him this: At \$30 per day, hospitalization costs less per hour (\$1.25) than some baby sitters get. Around-the-clock nursing at home would cost him \$54 a day.

---

WHITE HOUSE STRATEGY: To overcome opposition of House Ways and Means Committee Chairman Wilbur Mills to the Administration's health bill, the President has reportedly offered Rep. Mills a Federal judgeship. Probable successor: Rep. Cecil R. King, the bill's co-sponsor.

---

IF YOU DON'T GIVE AID at an accident for fear of a malpractice suit, you might be going from

## ...Professional briefs

the frying pan into the fire, warns Attorney Harry W. Ginty of the Medical Protective Co. "There's such a thing as negligence through inaction," he says. "[I believe] the extension of this concept to include doctors driving by an accident scene . . . is a possibility."

---

"GENERAL PRACTICE ISN'T DYING OUT," says Dr. Stanley R. Truman of the Joint Commission on Hospital Accreditation. Although more medical graduates are entering specialties, "it doesn't mean that they actually do specialty practice. In many communities, the specialist has to go far outside his field to make a living."

---

SECRET SPOT CHECKS ON DOCTORS are being run in Britain now. The National Health Service has asked local councils for data on the practice expenses of all ophthalmologists. Says N.H.S.: "On no account should [ophthalmologists] be approached in connection with this inquiry."

---

DON'T USE THE SAME MALPRACTICE CARRIER that your hospital uses, advises malpractice defense attorney Howard Hassard. One reason: Hospitals and their insurers often settle doubtful claims out of court. And no matter how much a doctor may wish to fight such a claim, he may not be able to convince his co-defendants.

**are opiates  
now outmoded  
in pediatric  
diarrhea?**



## ***Entoquel* syrup**

(Thihexinol methylbromide)

**the first pharmacologically-specific, non-narcotic  
antiperistaltic agent ■ controls diarrhea as rapidly  
and effectively as opiates ■ without the undesirable  
properties of opiates ■ pleasant butterscotch flavor**

AND WHEN THE DIARRHEA IS BACTERIAL IN ORIGIN

## ***Entoquel with Neomycin* syrup**

(Complete information regarding the use of Entoquel Syrup and Entoquel with Neomycin Syrup is available on request.)

Supplied: Entoquel Syrup — each 5 cc. contains 5 mg. thihexinol methylbromide, bottles of 6 oz. Entoquel with Neomycin Syrup — each 5 cc. contains 5 mg. thihexinol methylbromide and 50 mg. neomycin (from the sulfate), bottles of 6 oz. Available on Rx only.



WHITE LABORATORIES, INC., Kenilworth, New Jersey

IN PEPTIC ULCER AND HYPERACIDITY  
*with associated* TENSION and NERVOUSNESS

# NACTISOL

suppresses gastric acid secretion at the parietal cell level  
decreases gastrointestinal hypermotility  
relieves nervousness and tension

NACTISOL combines:

NACTON® 4 mg. new inhibitor of gastric acid secretion and hypermotility  
polidine methylsulfate "...reduces the total output of gastric HCl by about 60%"<sup>1</sup>  
plus

BUTISOL SODIUM® 15 mg. "daytime sedative" with highest therapeutic  
butabarbital sodium index<sup>2</sup> (highly effective, minimal side effects)

- Side effects with NACTISOL therapy have been minimal.<sup>3-5</sup>

NACTISOL\*...in scored, yellow tablets



NACTISOL INHIBITS GASTRIC ACID SECRETION AT THE PARIELTAL CELL LEVEL

## References

1. Douthwaite, A. H.: The Development of the Treatment of Duodenal Ulcer, Proc. Roy. Soc. Med. 51:1063-1068 (December) 1958.
2. Batterman, R. C., Grossman, A. J., Leifer, P., and Mouratoff, G. J.: Clinical Re-evaluation of Daytime Sedatives, Postgrad. Med. 26:502-509 (October) 1959.
3. Steigmann, F.: Clinical Report to McNeil Laboratories.
4. Lorber, S. H.: Clinical Report to McNeil Laboratories, December 6, 1960.
5. Rider, J. A.: Clinical Report to McNeil Laboratories.

**McNEIL**

McNEIL LABORATORIES, INC., Fort Washington, Pa.

\*Trademark  
†U.S. Patent

*You still have time to win one of the*

# **MEDICAL ECONOMICS AWARDS**

# **1961**

*for original articles written by physicians*

**\$500 for the article judged the best of those submitted  
Up to \$300 for other articles acceptable for publication**

The deadline for entries has been extended at the request of physicians who wanted to write up their ideas and experiences but had no time to do so this spring. So note the new closing date—Aug. 31, 1961—and the following suggestions for contributors:

Write up your ideas on one aspect of any broad subject in our field—practice management, for example, or human relations, or investments, or even medical humor.

Be sure to back up your ideas with specific examples, anecdotes, and cases in point drawn from your own experience. The more such documentation, the better your chance of winning an Award.

Send in your article to the Awards Editor, MEDICAL ECONOMICS, Oradell, N.J.—the sooner, the better, but postmarked no later than Aug. 31, 1961. Manuscripts should not exceed 2,500 words. They should be typed, double-spaced, on one side of the paper, and mailed in with a stamped, self-addressed envelope enclosed. MEDICAL ECONOMICS' editors will be the judges; their decision will be final.

consider  
the convenience  
to pregnant  
women of  
a tablet this size



# ENGRAN®

Squibb Vitamin-Mineral Prenatal Supplement

NEW FORMULA SUPPLIES 45 MG.  
OF IRON—AT NO EXTRA COST

The size of a prenatal vitamin-supplement tablet is important—the nausea and gastric distress often associated with pregnancy may make swallowing *anything* a real problem.

Hence the small size of the Engran tablet is a great convenience to your pregnant patient, for Engran is actually the *smallest* tablet now available for vitamin-mineral supplementation.

Yet only one Engran tablet a day will provide these vitamins and minerals to help assure a nutritionally perfect pregnancy: vitamin A 5,000 U.S.P. units; vitamin D 500 U.S.P. units; vitamin K 0.5 mg.; thiamine 3 mg.; riboflavin 3 mg.; pyridoxine 2 mg.; vitamin B<sub>12</sub> 2 mcg.; niacinamide 20 mg.; calcium pantothenate 5 mg.; ascorbic acid 75 mg.; calcium 100 mg.; iron 45 mg.; iodine 0.15 mg.; copper 1 mg.; magnesium (as the oxide) 6 mg.; zinc 1.5 mg.; manganese (as the sulfate) 1 mg.

For full information see your Squibb Product Reference or Product Brief.

Engran® is a Squibb Trademark

**SQUIBB**



*Squibb Quality—the Priceless Ingredient*



# **in psoriasis**

# **Alphosyl®**

allantoin and special coal tar extract

widely prescribed/clinically proven/cosmetically elegant



"Psoriasis is, today, incurable, but, psoriasis can be a very manageable disease."<sup>1</sup>

In a recent study of 214 chronic psoriatics treated with ALPHOSYL "...every patient manifested some favorable response."<sup>1</sup>

1. Welsh, A. L.: Report, Conference on the Management of Chronic Dermatoses, University of Cincinnati College of Medicine, Cincinnati, Ohio, Nov. 4-5, 1959.

Available: Alphosyl Lotion in 8 oz. bottles.

**REED & CARNICK**  
Kenilworth, New Jersey

**in acute, subacute  
and chronic dermatoses**

# **Tarcortin**

hydrocortisone/special coal tar extract

**TAR-STEROID THERAPY**



Available:  
**Cream/Lotion/Aerosol**

# **SEBICAL™**

allantoin/hexachlorophene/special coal tar extract

CREAM AND SHAMPOO

**clears scalp seborrhoeas  
from cradle cap  
to dandruff**

Easy to apply and nonstaining, Sebical is virtually nonirritating, nontoxic and nonsensitizing and will not cause hair loss or discoloration.



# Best way to beat embezzlement

*The way to outwit a juggling bookkeeper is to set up a sound system for balancing your accounts receivable. Here's how*

By Clayton L. Scroggins

Some months ago, a doctor called in my firm to help him with his income tax return. "You might check my books, too," he suggested casually. "I'm sure you'll find everything O.K., though. Wilma's a fine bookkeeper."

Two days later, I had the dismal task of telling Dr. Wilkins, as I'll call him, that Wilma was actually a fine embezzler. "There must be some mistake!" he exclaimed. "Are you absolutely sure?"

"There's no doubt about it," I told him. "The only question is exactly how much she has clip-

ped you for. Our present figures indicate it's a little over \$2,000. I can understand your confusion, Doctor. The vast majority of medical aides are utterly trustworthy. But the occasional exception always seems to be one in whom the doctor has absolute confidence."

"I did have confidence in Wilma," Dr. Wilkins confessed. "She was the most efficient aide I've ever employed. Isn't there any way to stop this sort of thing?"

"If you're asking whether there's a foolproof way to stop embezzlement, the answer is

---

THE AUTHOR heads Clayton L. Scroggins Associates in Cincinnati. He is a member of the Society of Professional Business Consultants.

patients are happier when doctors choose



be  
an  
Pati  
so si  
out t  
enjo  
prep  
on i

Pre-l  
an at  
corre  
rect  
avoid

Che  
regula

Just  
precis  
lated  
provi  
ough  
witho  
tion o  
fort

Com  
bottl  
loose  
parts



# because it's so easy to give... and so easy on the patient

Patients prefer FLEET®ENEMA because it's so simple and easy to take—completely without the discomfort of old-style enemas. Nurses enjoy its safe, sure administration. No more preparation and cleanup! And physicians rely on its predictable, thorough cleansing action.

Pre-lubricated,  
anatomically  
correct 2-inch  
rectal tube  
avoids injury

Check valve  
regulates flow

Just 4 fl. oz. of  
precisely formulated solution\*  
provides thorough cleansing  
without irritation or discomfort

Compact squeeze  
bottle unit—no  
loose or moving  
parts



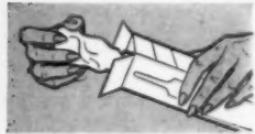
\*100 cc. contains: 16 Gm. sodium biphosphate and 6 Gm. sodium phosphate in 4½-fl. oz. squeeze bottle. Pediatric size, 2½ fl. oz. Also available: FLEET OIL RETENTION ENEMA, 4½-fl. oz. ready-to-use unit containing Mineral Oil U.S.P.



1. Ready to use...no preparation necessary...just remove protective cover



2. Easy to administer...just squeeze bottle with one hand...no contact with rectal area



3. Disposable...replace used enema unit in original container and discard...eliminates cleanup and sterilization



FLEET®ENEMA Ready-to-Use Squeeze Bottle C. B. FLEET CO., Inc. Lynchburg, Virginia

## ...Your accounts

no," I said. "If there were one, the banks and the finance companies would have installed it by now."

Yet, as I told Dr. Wilkins, there is one precaution that every doctor can take to keep thievery to a minimum: *See that his accounts receivable are balanced regularly.* It isn't a difficult procedure. And it does

not take an undue amount of time. But it makes it difficult for an aide to sidetrack office funds into her own pocket for any prolonged period.

"If you had balanced your accounts receivable regularly, Wilma's pilfering would have shown up long before it did," I told Dr. Wilkins. He looked at me with a puzzled expression. So I spent a

| CONTROL OF ACCOUNTS RECEIVABLE                            |                                    |                        |                               |                                 |                               |                               |                    |
|---|------------------------------------|------------------------|-------------------------------|---------------------------------|-------------------------------|-------------------------------|--------------------|
| Outstanding accounts at<br>end of preceding month \$8,400 |                                    |                        |                               |                                 |                               |                               |                    |
| Month of <u>March</u> 19 61                               |                                    |                        |                               |                                 |                               |                               |                    |
| (1)   | (2)                                | (3)                    | (4)                           | (5)                             | (6)                           | (7)                           | (8)                |
| Day   | Services rendered (less discounts) | Receipts from practice | Rent, dividends, other income | Total receipts and other income | Increase (col. 2 over col. 5) | Decrease (col. 5 over col. 2) | Outstanding accts. |
| 1   | \$325.00                           | \$125.00               | \$25.00                       | \$150.00                        | \$175.00                      | =                             | \$8,375.00         |
| 2   | 125.00                             | 300.00                 | 25.00                         | 325.00                          | =                             | \$200.00                      | 8,375.00           |
| 3   |                                    |                        |                               |                                 |                               |                               |                    |
| 4   |                                    |                        |                               |                                 |                               |                               |                    |
| 5   |                                    |                        |                               |                                 |                               |                               |                    |
| 6   |                                    |                        |                               |                                 |                               |                               |                    |
| 7   |                                    |                        |                               |                                 |                               |                               |                    |
| 27  |                                    |                        |                               |                                 |                               |                               |                    |
| 28  |                                    |                        |                               |                                 |                               |                               |                    |
| 29  |                                    |                        |                               |                                 |                               |                               |                    |
| 30  |                                    |                        |                               |                                 |                               |                               |                    |
| 31  |                                    |                        |                               |                                 |                               |                               |                    |
| Tet.  |                                    |                        |                               |                                 |                               |                               |                    |

*Poor records encourage embezzlement. To discourage it, require your aide to keep this daily record of your accounts receivable.*

# Rx for the doctor who needs More office space... Better parking facilities



DESIGNED FOR FOUR DOCTORS, MADISON, WIS.



Why make it difficult for your patients to see you — due to inadequate parking and an inconvenient waiting room? Start planning now — either "on your own", or with a friendly professional group — to put up a modern, functionally-designed Medical Building, away from downtown congestion.

Erdman specialists will help you lay out a building to handle your growing practice with maximum efficiency, minimum cost. And remember, Erdman knows the requirements of medical offices because we've been building them for over 10 years, for over 425 proud owners.

Write, phone or wire

EM-4

#### ■ Custom-designed for YOU

Each Erdman Building is individually designed for your particular budget, building site and practice(s).

#### ■ Systematized construction saves you time and money

Your prefabricated Erdman Building will be erected and ready for use in 60 to 90 days — at a saving of 20 to 40% over conventional construction costs.

#### ■ We assume full responsibility Guarantee price and satisfaction

Our experienced staff and consultants perform all design, engineering and construction work; supervise entire project — from site preparation to finished building and landscaping — to save you bother and headaches.



## MARSHALL ERDMAN & ASSOCIATES, INC.

5110 University Avenue • Madison 5, Wis. • Tel: CEdar 3-5354

SPECIALISTS IN PREFABRICATED CUSTOM-DESIGNED MEDICAL BUILDINGS

### ...Your accounts

**TUESDAY**

SEPT. 27

| HOUR | NAME             | SERVICES RENDERED | CHARGE | CASH | REC'D ON<br>ACCOUNT |
|------|------------------|-------------------|--------|------|---------------------|
| 1pm  | Harold Gates     | Dr.               | 4      |      |                     |
| 1:15 | Tony Lampert     | Dr.               |        | 4    |                     |
| 1:30 | Johnnie Sterling | Dr. 1.00          | 1      |      |                     |
| 2:15 | Grace Brown      | Dr.               | 4      |      |                     |
|      | Child All 4      | Dr. 1.00          |        | 9    |                     |
| 2:30 | Grace Brown      | Dr. X             | 19     |      |                     |
| 3    | Barton           | as last           |        | 14   |                     |
| 3:30 | Mary A.          |                   |        |      | 17                  |

SANDERS M. KING, M.D.  
MEDICAL ARTS BUILDING  
103 FAIRLAWN AVE.  
EASTON, PA.

Tel: 0039-010-32000

Mr. George Bronson  
92 Maple St.  
Eastwood, Pa.

| DATE     | PROFESSIONAL SERVICE | CHARGE | PAID | BALANCE |
|----------|----------------------|--------|------|---------|
| 9/8/60   | WIFE MED             |        |      |         |
| 9/26/60  | SELF MED             | 7      |      | 7       |
| 9/27/60  | SELF OC              | 3      |      | 14      |
| 10/1/60  | WIFE OC/RS           | 4      |      | 18      |
| 10/10/60 | HC/P                 | 14     |      | 32      |
| 10/12/60 | HC/P                 | 7      |      | 39      |
| 11/5/60  | WIFE OC              |        | 39   | 0       |
| 12/4/60  | OC                   | 4      |      | 4       |
|          |                      |        |      | 8       |

*To spot-check your books, pick a few patients' ledger cards and compare the entries with those in your daybook. Are they identical?*

few minutes explaining the procedure.

It consists of comparing what your patients owe you as shown in your daybook with what they owe you as shown on their individual account cards. If the to-

tals agree, your accounts receivable are *in balance*. If they disagree, your accounts are *out of balance*—the tip-off that something's wrong.

**It'll take you only two or three hours to lay the groundwork for**



*your  
episiotomy  
patient is  
entitled to*

# VARIDASE®

STREPTOKINASE-STREPTODORNASE LEDERLE

*buccal tablets  
for a faster  
recovery  
with more  
comfort*

Inflammation, swelling, and pain are reduced more rapidly when VARIDASE is added to your post-partum regimen. Your patient has a more comfortable convalescence and a faster return to normal activity.

Precautions: VARIDASE has no adverse effect on normal blood clotting. Care should be taken in patients on anticoagulants or with a deficient coagulation mechanism. When infection is present, VARIDASE Buccal Tablets should be given in conjunction with antibiotics.

Dosage: One buccal tablet four times daily usually for five days. To facilitate absorption, patient should delay swallowing saliva.

Supplied: Each tablet contains 10,000 Units Streptokinase, 2,500 Units Streptodornase. Boxes of 24 and 100 Tablets.

LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York 

## ...Your accounts

a workable, checkable system. All you need are your daybook, your patients' account cards, an adding machine, and a supply of accounts receivable control forms like the one reproduced on page 190. Here's how to go about setting up the system:

At the end of the last day of the month, round up all your patients' account cards. Make sure you haven't missed any. And check with your aide to be certain they're all posted up-to-date. Then list on the machine every unpaid balance that appears on the cards, including those that are in the hands of a collection agency. Finally, take a total. The result is your accounts receivable as shown on your account cards. Enter it in the right-hand top corner of your accounts receivable control form.

The next day—the first of the following month—give your aide your supply of control forms. Explain that they'll help her make sure she's correctly recording all charges and payments. Explain, too, that the daybook is the keystone of your accounting system. If every

transaction is properly recorded there, it's a simple matter to total your charges and cash receipts for each day. But at the end of every day, she must also total the entries of both charges and payments she has posted on the account cards for that day. She should keep the posted cards out of their file until this is done. Then she should enter the figures for "Services Rendered" and "Receipts From Practice" in the appropriate spaces on the control form.

Note that the accounts receivable figure changes at the end of every day. It consists of the figure from the day before, *plus* the day's charges, *minus* the day's receipts. You should be able to tot up your entire file of account-card figures at the end of any day you want to check and get the same result that appears on the control form.

Take time out at least once a month to spot-check. Compare the key figures on the control form with the daybook's daily totals of charges and payments. Double-check the addition in the daybook for selected days. Fi-

WILP  
OVER

While t  
and in t  
Altho  
Wilpo is  
of prime  
It can r  
interferes  
dosage:

PA  
TH  
DORSEY



**THAT'S WILL POWER**

**WILPO, A NEW APPETITE SUPPRESSANT, STRENGTHENS THE  
OVERWEIGHT PATIENT'S WILL POWER TO RESIST OVEREATING.**

While they lose weight patients are free from hunger. They gain in constructive energy and in the ability to get things done. They feel better, and they feel like cooperating.

Although best results are obtained when patients are also on a standard reducing diet, Wilpo is surprisingly effective when supplemented only by informal dietary discretion. And, it is of prime importance, Wilpo is well accepted by patients because of its lack of side effects. It can reduce appetite without causing annoyances, such as insomnia and jitteriness, that interfere with the will to reduce. It is free from potentially serious side effects also. Usual dosage: one tablet 30 minutes before meals. Available: scored 8.0 mg. tablets in bottles of 100.

**STRENGTHENS YOUR  
PATIENT'S WILL POWER  
TO INFLUENCE  
THE SHAPE OF THINGS!**

**THAT'S**  
**WILPO**<sup>TM</sup>

**DORSEY LABORATORIES • a division of The Wander Company • Lincoln, Nebraska**

# WEAK ARCH HERE

Callouses  
Cramps, Burning, Tenderness



Prescribe Dr. Scholl's Arch Supports in cases requiring mechanical relief from Foot Arch trouble of any kind. The patient will be properly fitted and the Supports adjusted as the condition of the foot warrants, at no extra cost. This nation-wide service is available at many leading Shoe and Department Stores and at Dr. Scholl's Foot Comfort® Shops in principal cities throughout the world.

**Dr Scholl's ARCH SUPPORTS**

## GOOD NEWS

FOR DOCTORS JUST STARTING IN PRACTICE

THE DAILY LOG  
SPECIAL INTRODUCTORY OFFER



By taking advantage of our special offer on the complete line of Colwell Practice Management Aids, substantial savings can be made in organizing the entire business side of your practice on a sound, efficient basis.

### THE COLWELL COMPANY

238 Kenyon Road Champaign, Illinois  
Please send me the Daily Log Introductory Offer Information Kit for physicians just starting in practice.

DR. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

...Your accounts

nally, pick daybook entries at random—say, thirty or forty out of the month's entries—and compare them with the entries on the corresponding account cards. If you do this consistently, you'll almost certainly light on any phony entries.

Of course, phony entries aren't the only problem. You're far more likely to find innocent mistakes. If you do, here's how you can help your aide cut down on them:

*Every time the status of an account changes, be sure she notes that fact both in the daybook and on the account card.*

For instance, you may occasionally reduce a patient's bill after it has been recorded in the

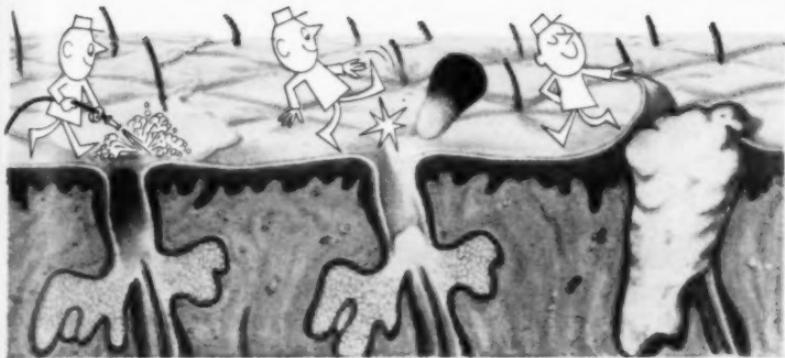
## laughable

If this word describes an experience you've had in the course of your practice, why not share the story? For each anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes Editor, Medical Economics, Inc., Oradell, N.J.

Patient use. In acne s 2 to 4 t

And ...  
FOSTRIL to Fostrex a new, su with 2% Fostril w Available:

WEST



# Fostex treats pimples · blackheads · acne while they wash

**degreases the skin  
helps remove blackheads  
dries and peels the skin**

Patients like Fostex because it's so easy to use. Instead of using soap, they simply wash acne skin with Fostex Cream or Fostex Cake 2 to 4 times daily.

Fostex contains: Sebulytic<sup>®</sup> base (unique, penetrating, surface-active combination of soapless cleansers and wetting agents\*) with remarkable anti-seborrheic, keratolytic and antibacterial actions . . . enhanced by micro-pulverized sulfur 2%, salicylic acid 2% and hexachlorophene 1%.

\*sodium lauryl sulfacetate, sodium alkyl aryl polyether sulfonate and sodium diethyl sulfoxinate.

Fostex Cream and Fostex Cake are interchangeable for therapeutic washing of the skin. Fostex Cream is approximately twice as drying as Fostex Cake. Supplied: Fostex Cake—bar form. Fostex Cream—4.5 oz. jars. Also used as a therapeutic shampoo in dandruff and oily scalp.

And . . . since continuous 24-hour drying and peeling of acne skin is essential, FOSTRIL (a new, flesh-tinted drying lotion) should be used once or twice daily in addition to Fostex therapeutic washings. Fostril<sup>®</sup> contains Liposec<sup>®</sup> (polyoxyethylene lauryl ether), a new, surface-active drying agent used for the first time in acne treatment. This agent, with 2% micropulverized sulfur and a zinc oxide, talc and bentonite base, provides Fostril with excellent drying properties. Fostril also contains 1% hexachlorophene.

Available: Fostril, 1½ oz. tubes. Fostril-HC (¼% hydrocortisone) 25 gm. tubes.

WESTWOOD PHARMACEUTICALS

• Buffalo 13, New York

book and on the card. These changes must be noted in both places, preferably in red.

*Make certain your aide records as receipts ALL the money collected by collection agencies in your behalf.*

Be sure she doesn't merely enter your *share* of such payments. The agency's commission is an expense and should be so entered. But first it's income.

*Remember that until you write off an account as worth-*

*less, it's still part of your accounts receivable.*

Just tearing up the card won't do. A daybook entry must be made, too.

If you set up the controls I've suggested, you'll go a long way toward stalling embezzlement. But you may well want to go even further: Have someone from *outside* your office do a periodic audit of your books. Then you'll be least likely to be taken. END



## SKIN DISORDERS RESPONSIVE TO TRIAMCINOLONE

"Triamcinolone has been shown to have more profound anti-inflammatory and anti-allergic properties than preceding corticosteroids."\*

**Supply:** Scored tablets of 1 mg., 2 mg. and 4 mg. Syrup in 120 cc. bottles, each 5 cc. teaspoonful containing 5.1 mg. triamcinolone diacetate providing 4 mg. triamcinolone.

\*Edelstein, A. J.: Pennsylvania M. J. 62:183 (Dec.) 1959.

# Kenacort

Squibb Triamcinolone



**SQUIBB**

Squibb Quality—the Priceless Ingredient

\*KENACORT® IS A SQUIBB TRADEMARK.

Pemphigus vulgaris

# CLINICAL STUDIES CONFIRM EFFICACY, WIDE MARGIN OF SAFETY

## *Gastritis Symptoms Readily and Reliably Relieved*

Complete relief of substernal or upper abdominal pain in 88 of 92 previously refractory patients with chronic gastritis<sup>1</sup> was obtained on oxethazaine in alumina gel, dietary controls, occasional gastric suction and rest. As therapy continued, dietary restrictions could be relaxed. No significant side effects developed even after 18 months' use.

In another study<sup>2</sup> of 56 patients with gastrointestinal disturbances—including 18 gastritis cases—53 patients displayed complete or partial relief when oxethazaine in alumina gel (or alumina gel plus magnesium hydroxide) was added to the therapeutic regimen.

## *Excellent Response Demonstrated in Other Gastrointestinal Disturbances*

Oxethazaine in alumina gel is of value in a variety of other gastrointestinal conditions, including:

- peptic ulcer<sup>2,3</sup> . . . relieves pain and promotes healing of duodenal and gastric ulcers
- esophagitis<sup>4</sup> . . . relieves postprandial heartburn and acid regurgitation in chronic esophagitis without stricture
- irritable bowel<sup>5</sup> . . . relieves discomfort and exaggerated gastrocolic reflex in the irritable bowel syndrome

### **References:**

1. Deutsch, E., and Christian, H.J.: J. Am. Med. Assoc. 169:2012 (April 25) 1959.
2. Moffitt, R.E.: Rhode Island Med. J. 44:151 (March) 1961.
3. Hollander, E.: Am. J. Gastroenterol. 34:613 (Dec.) 1960.
4. Jankelson, I.R., and Jankelson, O.M.: Am. J. Gastroenterol. 32:636 (Nov.) 1959.
5. Jankelson, I.R., and Jankelson, O.M.: Am. J. Gastroenterol. 32:719 (Dec.) 1959.

For further information on limitations, administration and prescribing of OXAINE M and OXAINE, see descriptive literature or current Direction Circular.

**NEW**  
**OXAINE® M**  
*a palatable suspension*

Oxethazaine in Alumina Gel with Magnesium Hydroxide, Wyeth

**NOW...**

**an ANTI-ULCEROGENIC  
approach to peptic ulcer therapy  
with Anticholinergic-Sedative or  
Antacid benefits!**

**ILOCALM** tablets. Their anti-ulcerogenic pantothenic acid promotes restoration of normal cellular resistance to ulcerogenic influences, aids healing. They afford prompt relief from pain and irritation of GI spasm.

Each tablet contains Methscopolamine Nitrate 2.5 mg, d-Calcium Pantothenate 25 mg, Meprobamate 30 mg. Dosage: 1 tablet with meals and 2 h.s. Supplied: bottles of 100 and 500.

**AND/OR ILOMEL**

— an eggnog-tasty powder. Its anti-ulcerogenic pantothenic acid promotes restoration of normal cellular resistance to ulcerogenic influences. Aids healing, soothes GI mucosa, counteracts excess acidity.

Each level tbsp contains 25 mg d-Calcium Pantothenate, 350 mg Calcium Carbonate, in dispersible defatted milk solids. Dosage: 1 or 2 level tbsp, q.i.d., in water. Supplied: 9-1/2 oz containers.

**THE WARREN-TEED PRODUCTS COMPANY**

COLUMBUS 15, OHIO

Dallas

Chattanooga

Los Angeles

Portland



# Can Cuban refugee doctors help your hospital?

*A well-organized program is preparing these physicians to meet the requirements of stateside practice and thus alleviate the current house-staff shortage*

By Roxanna M. Sayre

One day last summer the part-owner of a ten-man clinic in Havana was ordered by the Castro Government to go to a tiny village in the mountains, set up a clinic, and treat all the inhabitants. He was given little in the way of equipment and drugs, and his wife and son were told to stay behind.

Soon after his arrival, the demoralized doctor sent a message alerting his family to be ready to leave Cuba. The three of them managed to flee the country. Two weeks later, in Miami, they heard that everything they owned—the Havana clinic, their home, even the clothing they'd left behind—

had been seized by the Government.

Incidents like this have suddenly given you well over 1,100 new colleagues, refugees from the Castro regime. Some Cuban doctors have fled to Central and South American countries, but by far the bulk of the exiles—more than a fifth of Cuba's 6,500 M.D.s—are in this country now. Some 400 of them are in the Miami area alone. They include most of the University of Havana Medical School faculty and other top specialists and research men.

You've read about the \$5,000-000 in Federal funds being spent to aid the colony of 50,000

Cuban refugees in Florida. The physicians in this group are also getting help from U.S. doctors and private companies.

How will their presence here affect American medicine? For the better, say many knowledgeable M.D.s. Once the refugees have become qualified—and until they return home—these men can help alleviate the current hospital house-staff shortage. And already they're teaching the profession how it can best help future foreign medical graduates measure up to U.S. medical standards.

How are the Cuban doctors faring so far in their attempts to start a new life? To find out, let's go back to the doctor whose story opened this article. This man, Dr. Adolfo M. Aparicio, is now temporarily settled as a laboratory assistant at Pittsfield (Mass.) General Hospital. Thanks to his new position, he's able to support his family. But he must still face the hurdle of qualifying to practice medicine here.

Some of the later arrivals from Cuba had a harder time of it. With no money or posses-

sions, they were glad to take any menial jobs they could find. One physician loaded sacks of oranges aboard ships. Another worked the night shift in a bakery. And two women physicians took jobs as domestics.

The earlier comers had taken most of the paramedical jobs, which gave them at least the advantage of staying on the medical scene. Even so, one of Cuba's most renowned surgeons—a man with a fine reputation in the U.S.—worked for a while as a scrub nurse in the operating room of a Miami hospital. And in another Miami hospital, Cuba's most eminent endocrinologist was, in his mid-forties, obliged to start anew as a research associate. Other top men were more fortunate: They found well-paid employment in research with Eastern pharmaceutical houses.

As the number of refugee doctors mounted, Dr. Ralph Jones Jr., chairman of the University of Miami Medical School's department of medicine, proposed a special training program. Soon 265 Cuban doctors were enrolled and, to take

# "wearability"



**NO TASTE FATIGUE  
EXCELLENT RESULTS  
NO CONSTIPATION**

***the most widely prescribed and  
most wearable of all antacids***

**suspension**

Tablet Maalox No. 1 equivalent to 1 teaspoon Suspension

Tablet Maalox No. 2 equivalent to 2 teaspoons Suspension

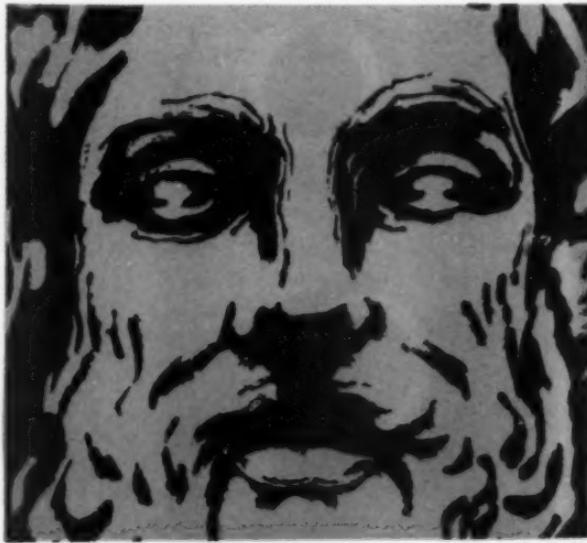
**tablets**

\*New Product Announcement

a significant  
achievement in  
corticosteroid research

# HALDRONE™

(paramethasone acetate, Lilly)



predictable  
anti-inflammatory  
effect

Lilly

Haldrone is a potent synthetic corticosteroid with marked anti-inflammatory activity. In steroid-responsive conditions, it provides predictable anti-inflammatory effects with a minimum of untoward reactions. Gratifying response has been observed in patients transferred from other corticosteroids to Haldrone. There is relatively little adverse effect on electrolyte metabolism. With Haldrone, sodium retention is unlikely, psychic effects are minimal, and there appears to be freedom from muscle weakness and cramping.

***Haldrone, 2 mg., is approximately equivalent to***

|   |          |
|---|----------|
| Cortisone . . . . .                           | 25 mg.   |
| Hydrocortisone . . . . .                      | 20 mg.   |
| Prednisone or prednisolone . . . . .          | 5 mg.    |
| Triamcinolone or methylprednisolone . . . . . | 4 mg.    |
| Dexamethasone . . . . .                       | 0.75 mg. |

Although the incidence of significant side-effects is low, the usual contraindications to corticosteroid therapy apply to Haldrone.

Tablets Haldrone, 1 mg., Yellow (scored)

2 mg., Orange (scored)

are supplied in bottles of 30, 100, and 500.

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

140543

## ...Your profession

care of the others, a placement service was started by the National Committee for Resettlement of Foreign Physicians.

Spanish versions of American medical textbooks were donated by the W. B. Saunders Co. Other private companies, including several pharmaceutical houses and a number of medical associations, picked up the tab—almost \$90,000 for an intensive three-month course of instruction in basic science and clinical subjects. Thus underwritten, the University was able to give thirty of the Cuban doctors part-time faculty jobs and provide others with scholarships. The expanded staff of eighty gave night school lectures in English and Spanish simultaneously, via U.N.-style translators. Smaller tutorial sessions offered instruction in specialty fields and in English.

In April the doctors took the E.C.F.M.G. examination given to foreign medical graduates here. Those who passed are being placed in internships and residencies by the National Committee for Resettlement of Foreign Physicians. Through a

Miami office operated by Mrs. Laura Rubin, its executive secretary, this committee has helped scores of Cuban M.D.s who didn't get in on the Miami course. They've been sent to a number of Eastern and Southern hospitals that agreed to prepare the refugee M.D.s for the test.

Already the Cubans have helped alleviate the house-staff shortage. Some were sent to New York hospitals, many of which were hard hit last December when they had to drop or put on paramedical jobs all foreign staffers who didn't pass the E.C.F.M.G. exam.

Will many of the Cubans stay in the U.S.? The resettlement committee's Mrs. Rubin says:

"When we helped to resettle Hungarian physicians who came here after the 1956 uprising, the problem was different. Most of them knew they could never go back home. With the Cubans it's another story. Most of the older, established men—if not the young ones, who have less to lose professionally—cling to the hope that the Castro Government will fall

# USE THE HYFRECATOR® TO ELECTROCOAGULATE



Xanthelasma (xanthoma planum)      Extracellular Cholesterolemia (Urbach)  
Chondrodermatitis Nodularis Chronica Helicis  
Osteochondroma      Neuromas      Nevi  
Osler's disease (Angiomatosis Hereditaria Hemorrhagica)  
Connective Tissue Nevi  
Nevus syringocystadenomatous papilliferous (Werther)  
Epithelioma Adenoids Cysticum      Pseudoxanthoma Elasticum  
Nevus Multiplex Pringle (Adenoma Sebaceum)      Molluscum Contagiosum  
Verrucae Vulgares Et Planae Juveniles      Granuloma Pyogenicum  
Granuloma Telangiectodes      Granuloma Pediculatum  
Pseudo-Botryomycosis      Senile Keratosis  
Seborrheic Keratoses of the skin      Cutaneous Horns (Cornu Cutaneum)  
Arsenical Keratoses      Leukoplakia  
Condyloma Acuminatum, Verruca Acuminata, Venereal Wart,  
Moist Wart, Fig Wart  
Tuberculosis      Intra-Epidermal      Superficial Carcinomatous Changes  
Bowen's Disease      Cutaneous Carcinoma

Available to you on request is a fine medical reprint on "Precancerous Lesions." Also on request, we can refer you to the authoritative text from which all of the above list was taken in which text by the authoritative authors advocate electrocoagulation.

Over 150,000 physicians use the Hyfrecator.  
For sheer convenience, many have several hanging  
in various treatment rooms in their offices.

**THE  
BIRTCHER  
CORPORATION**

4371 Valley Boulevard  
Los Angeles 32, California



THE BIRTCHER CORPORATION ME-661A  
4371 Valley Boulevard, Los Angeles 32, California

Please send me the reprint "Curettage and Electrodesiccation in Treatment of Skin Cancer."

Doctor \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

## ...Your profession

and that they'll be able to return home. On the other hand, some of these older men have already begun promising new careers in the U.S."

Dr. José Lastra, a pre-Castro professor of surgery at the University of Havana School of Medicine, is a good example. For some time he's been a governor of the American College of Surgeons and now has an appointment as a visiting professor of surgery at the University of Miami. And Dr. José Centurion, who was chairman of the department of medicine at the University of Havana,

assisted in supervising the Miami training course given for his colleagues.

But, aside from the few who are successful in transferring their careers, most Cuban doctors may eventually go back home. If they do, will the Miami program have been a waste of time for them? No, says its director, Dr. Jones. "This educational experience will help them do a better job in their own country." And he feels the program will also have provided U.S. medicine with a more effective way of screening and teaching foreign medical grad-

## No guts?

During the examination of a patient who complained of abdominal pain, I naturally listened carefully as I placed my stethoscope at different points on the abdominal wall. She surprised me by asking: "You're listening for my peristalsis, aren't you?" "That's right," I replied. She then volunteered this information: "I'm sure you won't find it. They listened for that the day after my hysterectomy and couldn't find it. I'm almost sure the surgeon took it out along with my appendix and uterus." —Samuel D. Loube, M.D.

Many  
is also  
her so

This  
tension  
At the  
feels be  
assuranc

Composite  
gated estro  
Supplied  
contains 4  
estrogens  
rose tablet  
conjugated  
bottles of  
Literature

**Helps you  
take the misery out of menopause  
as hormones alone often don't do**



**Fast-acting Milprem directly relieves  
both emotional dread and estrogen deficiency**

Many physicians find that estrogen therapy is not enough for the woman who is also filled with anxiety by her menopause. Her emotional dread may make her so miserable that it becomes a real clinical problem.

This is where Milprem helps you so much. It calms the woman's anxiety and tension; prevents moody ups and downs; relieves her insomnia and headache. At the same time, it checks hot flushes by replacing lost estrogens. The patient feels better than she did on estrogen therapy alone. And your counsel and your assurances can now help her make her adjustment much faster.

**Composition:** Miltown (meprobamate) + conjugated estrogens (equine).

**Supplied:** **Milprem-400**, each coated pink tablet contains 400 mg. Miltown and 0.4 mg. conjugated estrogens (equine). **Milprem-200**, each coated orange tablet contains 200 mg. Miltown and 0.4 mg. conjugated estrogens (equine). Both potencies in bottles of 60.

Literature and samples on request.

**Dosage:** One Milprem tablet t.i.d. in 21-day courses with one-week rest periods; during the rest periods, Miltown alone can sustain the patient.

**Milprem®**



WALLACE LABORATORIES / Cranbury, N.J.



## IN RESISTANT EDEMA...

- restores dry weight
- ambulates the patient

A

When p  
frequen  
drugs v

The t  
and hyd  
differen  
diuresis

Further  
safety v

With  
comfort

INDIC

Edema  
idiopath

The u  
may ran

Aldac

75 mg. c

G. D.

Resear



Aldactazide promotes excretion of sodium and water in both proximal and distal segments of the renal tubules for true synergistic effect.

# ALDACTAZIDE®

(brand of spironolactone with hydrochlorothiazide)

When patients require maximal control of edema and ascites, Aldactazide will frequently free them from excess fluid when no other drug or combination of drugs will do so adequately.

The two components of Aldactazide—Aldactone®, brand of spironolactone, and hydrochlorothiazide—activate diuresis by two different mechanisms in two different sites of the renal tubules. This separate and dual influence increases diuresis not merely by additive but by truly synergistic increments.

Further, by protecting potassium reserves, Aldactazide provides optimal safety when therapy must be prolonged.

With Aldactazide many of your patients can lead more normal lives, in greater comfort with less restricted activity, free from the burden of edema and ascites.

## INDICATIONS:

Edema of congestive heart failure, cirrhotic edema and ascites, edema of nephrosis, idiopathic edema.

The usual adult dosage of Aldactazide is one tablet four times daily, although dosage may range from one to eight tablets daily.

Aldactazide is supplied as compression-coated white tablets, each tablet containing 75 mg. of Aldactone and 25 mg. of hydrochlorothiazide.

**G. D. SEARLE & CO. • CHICAGO 80, ILLINOIS**

*Research in the Service of Medicine*

**in severe pollen sensitivity...  
rapid relief and control of  
symptoms on short-term therapy  
with Decadron®**



Short-term treatment with DECADRON brought "...immediate complete suppression of symptoms"<sup>1</sup> in 56 patients who had not responded fully to ragweed emulsion. "In no patients...were there any immediate or delayed signs of hypercorticism...no side reactions or untoward effects of any definition or type."<sup>2</sup> Therapeutic doses of steroids may help prevent recurrences of severe allergic states, without interfering with desensitization or other immunity procedures.<sup>2</sup>

**References:** 1. Brown, E. A.: Antibiotic Med. & Clin. Ther. 6:412, 1959. 2. Feinberg, S. M.: Med. Sci. 6:(No. 3)181, 1959.

**Supplied:** As 0.75 mg. and 0.5 mg. scored, pentagon-shaped tablets in bottles of 100 and 1000. As injection DECADRON Phosphate in 5 cc. vials, each cc. containing 4 mg. of dexamethasone 21-phosphate as the disodium salt; inactive ingredients: 8 mg. creatinine, 10 mg. sodium citrate; sodium hydroxide to pH 7.8, and water for injection q.s. 1 cc.; preservatives: 0.32 per cent sodium bisulfite and 0.5 per cent phenol.

DECADRON is a trademark of Merck & Co., Inc.

**MSD MERCK SHARP & DOHME**

Division of Merck & Co., Inc., West Point, Pa.

**Decadron**  
TREATS MORE PATIENTS MORE EFFECTIVELY



**DECADRON: Recommended dosage schedule in the treatment of ragweed, tree, or grass sensitivity reactions**

| time    | amount   | administration  |
|---------|--|---|
| 1st day | one to two cc. (4 to 8 mg.) Injection Decadron Phosphate intramuscular | repeated as necessary (In substituting tablet therapy, give the first oral dose four or five hours before the final parenteral dose.) |
| 2nd day | two 0.75 mg. Tablets DECADRON  | b.i.d.  |
| 3rd day | two 0.75 mg. Tablets DECADRON  | b.i.d.  |
| 4th day | one 0.75 mg. Tablet DECADRON   | b.i.d.  |
| 5th day | one 0.75 mg. Tablet DECADRON   | per day   |
| 6th day | one 0.75 mg. Tablet DECADRON   | per day   |
| 7th day | RETURN VISIT   |   |

uates needed  
the E  
up, it  
90 per  
cians  
for fu  
Dr.  
ami's  
the te  
jecting  
to fin  
tion I  
taken

Availa  
u.) • F  
Tablet  
pared)  
• Pent  
when  
(200,0

\*PENTOXI  
ARE EQUIVA

Medical

uates. A better way is sorely needed, says Dr. Jones, for as the E.C.F.M.G. test is now set up, it can keep out "as many as 90 per cent of the foreign physicians who want to come here for further study."

Dr. Jones and the rest of Miami's medical school faculty use the test, not as a means of rejecting the Cuban doctors, but to find out where their education has been weak. They've taken all the Cubans who failed

the April exam and pin-pointed the areas in which each man needed further tutoring. Following this extra instruction, these men can repeat the test.

According to Dr. Jones, the Miami faculty feels certain that "an intensive, carefully designed post-graduate course, based on specific measurements of individual needs, can be used to prepare physicians from other countries to function as physicians in this society." END

## Quality with Economy

Clinically proved oral  
penicillin therapy that  
costs your patients less



## PENTIDS

Squibb Penicillin G Potassium

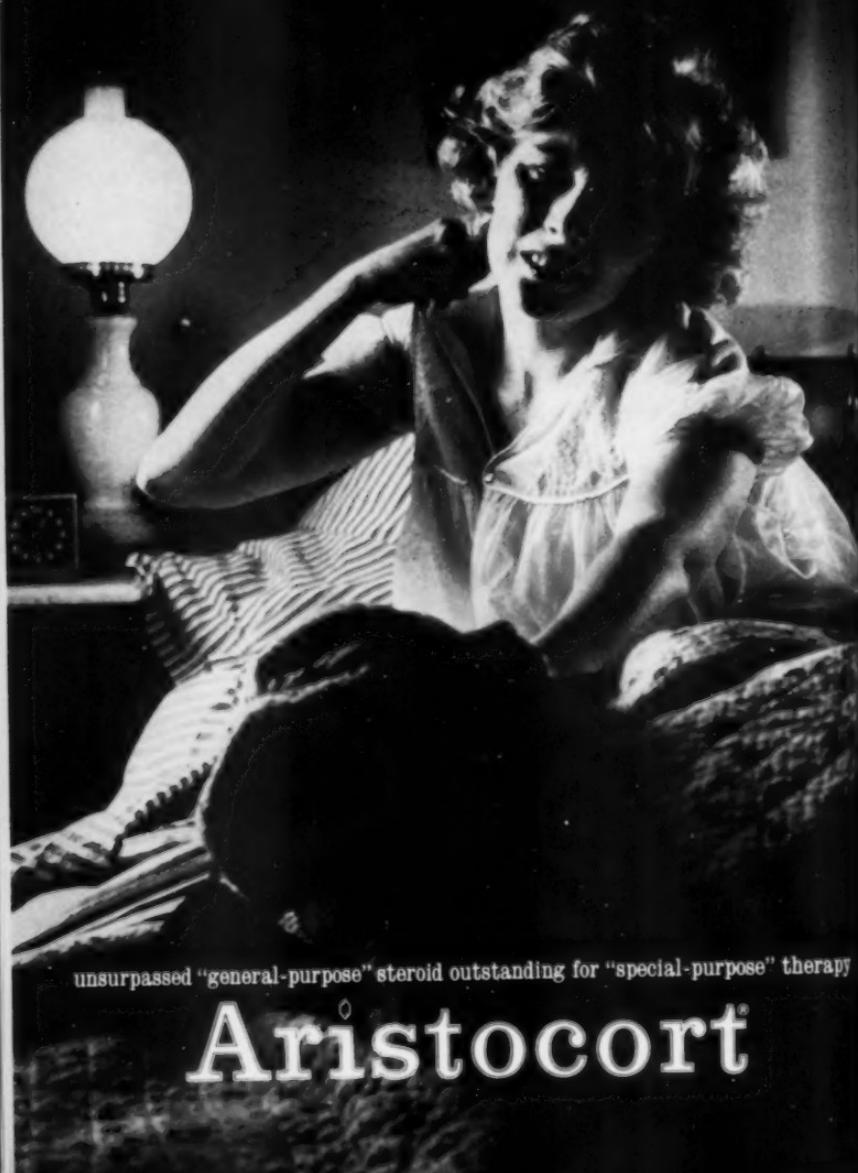
Available in these convenient dosage forms: Pentids '400' Tablets (400,000 u.) • Pentids '400' for Syrup (400,000 u. per 5 cc. when prepared) • Pentids Tablets (200,000 u.) • Pentids for Syrup (200,000 u. per 5 cc. when prepared) • Pentid-Sulfas Tablets (200,000 u. with 0.5 Gm. triple sulfas) • Pentid-Sulfas for Syrup (200,000 u. with 0.5 Gm. triple sulfas per 5 cc. when prepared) • Pentids Capsules (200,000 u.) • Pentids Soluble Tablets (200,000 u.)

'PENTIDS® AND 'PENTID®  
ARE SQUIBB TRADEMARKS.

For full information,  
see your Squibb  
Product Reference  
or Product Brief.



**SQUIBB**  
*Squibb Quality —  
the Priceless Ingredient*



unsurpassed "general-purpose" steroid outstanding for "special-purpose" therapy

# Aristocort



XUM

in allergic and inflammatory dermatoses

# Aristocort®

Triamcinolone LEDERLE

**UNSURPASSED "GENERAL-PURPOSE" STEROID  
OUTSTANDING FOR "SPECIAL-PURPOSE" THERAPY**

for example:

**SPECIAL PROBLEM: EDEMA DUE TO SODIUM  
AND WATER RETENTION**

In patients with edema induced by the earlier corticosteroids or from other causes, diuresis and sodium loss often occurs with triamcinolone. (Fernandez-Herlihy, L.: *M. Clin. North America* 44:509 [Mar.] 1960.)

**SPECIAL PROBLEM: APPETITE STIMULATION  
AND WEIGHT GAIN**

In contrast to the heightened craving for food sometimes seen with other corticosteroid compounds, appetite was unaffected by triamcinolone. (Cahn, M. M., and Levy, E. J.: *Am. Pract. & Digest Treat.* 10:993 [June] 1959.)

**SPECIAL PROBLEM: HYPERTENSION**

When ARISTOCORT was given to patients with dermatologic disorders for long periods, there were no significant changes in blood pressure. (Kanof, N. B.; Blau, S.; Fleischmajer, R., and Meister, B.: *A.M.A. Arch. Dermat.* 79:631 [June] 1959.)

**SPECIAL PROBLEM: PSYCHIC STIMULATION AND INSOMNIA**

Ideally, corticosteroid therapy ought not to add to the psychic component in dermatologic disorders, nor induce insomnia which will intensify the patient's itching and irritation. ARISTOCORT Triamcinolone has been singled out for its remarkably low incidence of psychic irritation and insomnia. (McGavack, T. H.: *Nebraska M. J.* 44:377 [Aug.] 1959; Freyberg, R. H.; Berntsen, C. A., Jr., and Hellman, L.: *Arthritis & Rheumatism* 1:215 [June] 1958.)

**SPECIAL PROBLEM: SEVERE CARDIAC DISEASE**

Elderly Patients with pulmonary emphysema due to impending heart failure who required corticosteroid therapy showed that triamcinolone could be employed with benefit and relative safety. (McGavack, T. H.; Kao, K. Y. T.; Leake, D. A.; Bauer, H. G., and Berger, H. E.: *Am. J. M. Sc.* 236:720 [Dec.] 1958.)

**Precautions:** Collateral hormonal effects generally associated with corticosteroids may be induced. These include Cushingoid manifestations and muscle weakness. However, sodium and potassium retention, edema, weight gain, psychic aberration and hypertension are exceedingly rare. In the treatment of allergic and inflammatory dermatoses, dosage should be individualized and kept at the lowest level needed to control symptoms. Dosage should not exceed 36 mg. daily without potassium supplementation. Drug should not be withdrawn abruptly. Contraindicated in herpes simplex and chicken pox.

**Supplied:** Scored tablets — 1 mg. (yellow); 2 mg. (pink); 4 mg. (white); 16 mg. (white).  
Also available — syrup, parenteral and various topical forms.



LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, N.Y.

**for the first time  
adequate iron  
in convenient  
sustained-release  
form for more  
efficient assimilation**



# **Mol-Iron<sup>®</sup>** **Chronosules<sup>™</sup>**

sustained-release capsules

**for improved treatment of iron-deficiency anemia**

Each Mol-Iron Chronosule contains the equivalent of 80 mg. elemental iron. Gradual dosage release means greater patient tolerance — minimizing G.I. disorders. Marked increases in hemoglobin and hematocrit levels through sustained liberation of more absorbable Mol-Iron. All the advantages of specially processed Mol-Iron — now in the form most conducive to efficient assimilation.

**Dosage:** Adults—one Mol-Iron Chronosule daily. In severe anemia, one Chronosule twice daily. Children — one Mol-Iron Chronosule daily.

**Supplied:** Bottles of 30 Chronosules.

Complete information concerning the use of this drug is available on request.

WHITE LABORATORIES, INC., Kenilworth, New Jersey



G  
be

Gen  
Cou  
and

By F

Some  
the A  
eral I  
membr  
they  
of Ge  
Doctor  
cial re  
get a  
pros a  
Acade  
Enough  
squeal  
in thi  
firmat  
wagon  
into P  
in the  
more l  
sons w

# *G.P.s may soon be taking their boards*

*General practice as a board-certified specialty?  
Could be. The A.M.A. Section on General Practice is for it,  
and A.A.G.P. members may well say yes in '62*

*By Pearl Barland*

Sometime in the next few weeks, the American Academy of General Practice will ask its 27,724 members to discuss whether they want an "American Board of General Practice for Family Doctors." Along with this official request, state chapters will get an impartial collection of pros and cons prepared by the Academy's executive committee. Enough negative reactions could squelch a general practice board in this generation. Enough affirmatives could start a bandwagon that could carry G.P.s into Part I of their first boards in the fall of '63. The latter is more likely to happen. The reasons why:

The certification question has been aired annually at A.A.G.P. meetings since 1958. Every year the opposition has lost some steam. Three years ago, the House of Delegates said it was "ridiculous to think of general practice as a specialty." Last year the delegates censured founders of a nonofficial board (all Academy leaders) as "renegades" and voted unanimously against A.A.G.P. sponsorship of that board. This year the vote was only 58 to 37 against an official board. Next year the delegates could reverse the vote. Then the G.P. board would need only three more things: (1) joint sponsorship by the A.M.A.

# DIABOLICAL DERMATOSES



FIEN  
DEV  
TORT  
RATI  
tory,  
**TE**  
BRAND O

"Diabo  
(really)  
pleasan  
rationa  
portant.  
matory e  
mon der  
clinically  
tion on T

**IN BRIE**  
ment un  
action o  
the broad  
of oxyte  
rapid re  
of lesion  
contact a  
antibioti  
complicat  
TERRA-C  
cessful t  
skin con

**INDICAT**  
matoses,  
burns, a  
ditions  
Supplem  
is advis  
infectio  
systemic

**ADMINIS**  
thorough  
a small

**FIENDISH** infected poison ivy or other rhus dermatitis  
**DEVILISH** infected allergic or contact dermatoses  
**TORTUROUS** pyodermas

**RATIONALLY RESOLVED** by well-tolerated, anti-inflammatory, anti-allergic, anti-infective

## **TERRA-CORTRIL® TOPICAL OINTMENT**

BRAND OF OXYTETRACYCLINE HCl AND HYDROCORTISONE

"*Diabolical dermatoses*" are no fun (really)...and can have prolonged, unpleasant consequences. That's why a rational therapeutic approach is so important. By combating both the inflammatory and the infectious aspects of common dermatoses, Terra-Cortril Topical Ointment provides a highly effective and clinically proved therapy. Salient information on Terra-Cortril is summarized below:

**IN BRIEF:** TERRA-CORTRIL Topical Ointment unites the potent anti-inflammatory action of hydrocortisone (Cortril®) with the broad-spectrum anti-infective control of oxytetracycline (Terramycin®), for rapid relief of symptoms and resolution of lesions in primary skin infections; in contact and other allergic dermatoses, the antibiotic controls secondary infectious complications. Unusually well tolerated, TERRA-CORTRIL makes possible the successful treatment of a wider range of skin conditions with a single medication.

**INDICATIONS:** Pyodermas, allergic dermatoses, neurodermatitis, wounds, minor burns, and other inflammatory skin conditions with superimposed infections. Supplemental oral antibacterial therapy is advisable in the treatment of severe infections or those which may become systemic.

**ADMINISTRATION AND DOSAGE:** After thorough cleansing of affected skin areas, a small amount of ointment should be

applied gently. Repeat up to four times daily. When actual infection is present, apply on sterile gauze for continuous contact with affected area. Therapy should not be discontinued too soon after initial response has been obtained.

**SIDE EFFECTS:** Few instances of hypersensitivity to topically applied hydrocortisone have been reported. Allergic reactions to Terramycin are infrequent. TERRA-CORTRIL Topical Ointment should be discontinued if such reactions occur and are severe.

**PRECAUTIONS AND CONTRAINDICATIONS:** Broad-spectrum antibiotics may cause overgrowth of nonsusceptible organisms, e.g., monilia, resistant staphylococci. If this occurs, discontinue the medication and take appropriate countermeasures. With the exception of herpes simplex and second-degree burns, there are few dermatologic contraindications to topical use of hydrocortisone.

**SUPPLIED:** In 1/6-oz. (5.0 Gm.) and 1/2-oz. (14.2 Gm.) tubes, containing 3% oxytetracycline (Terramycin®) hydrochloride and 1% hydrocortisone (Cortril®) alcohol in each gram of petrolatum base.

**ALSO AVAILABLE:** TERRA-CORTRIL Eye/Ear Suspension — 5 cc. dropper bottle. More detailed professional information available on request.

PFIZER LABORATORIES NEW YORK 17, N. Y.  
DIVISION CHAS. PFIZER & CO., INC.

Science for the world's well-being® 

Section on General Practice; (2) the recommendation of the Advisory Board for Medical Specialties; and (3) the O.K. of the A.M.A.'s Council on Medical Education and Hospitals.

Already, two of these endorsements seem assured. The A.M.A. section has been *urging* the Academy to get moving and set up a board. And the advisory board is working closely with the Academy to develop more G.P. residencies—and better ones. This is significant because the advisory board will eventually have to accept the training requirements for G.P. certification.

"As it stands now," says one board-advocate, "we ask young

men to take extra training for general practice but give them nothing to show for it. Graduates of the two-year training programs in hospitals gripe about getting no more privileges than a man who's completed only one year's internship. That's one reason these two-year training programs haven't attracted more graduates."

According to present plans, the A.A.G.P. will require two-year hospital training of all doctors who want to join the Academy after 1966. These doctors will have to spend at least one year in a rotating internship and one in a G.P. residency—or both in the new two-year (no internship) family practice residencies. So everything necessary for G.P. board certification is already established except the examination and the certificate.

What still stands in the way of G.P. certification? Two main arguments:

1. *It's impossible to draw up a fair board examination for G.P.s.* As one anti-board man puts it: "The face of the general practitioner is legion. All

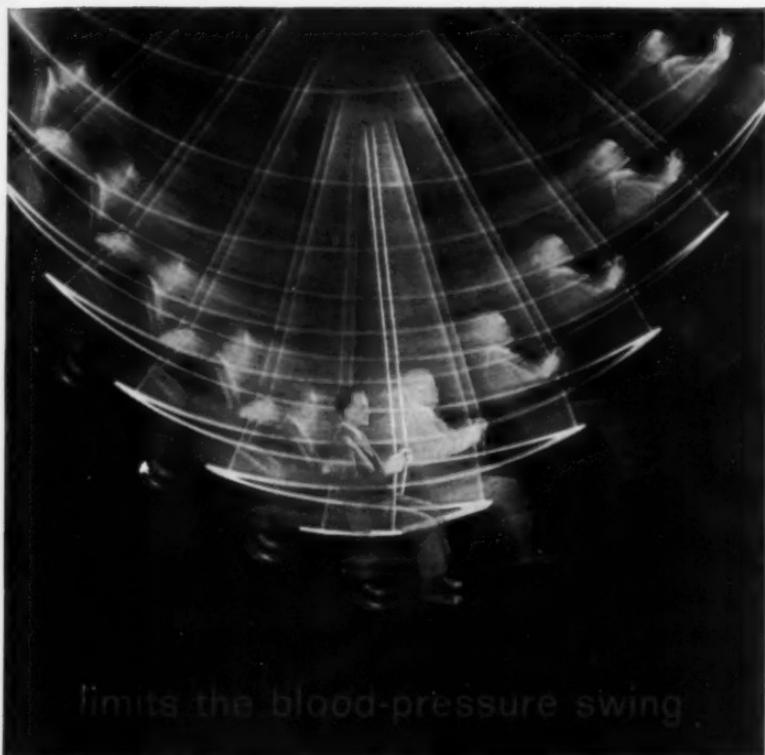


Rautra  
prote

Rautra  
of Raud  
chloride  
increase  
Raudix  
potenti  
greater  
drug al  
tiated ac  
antihyp  
severity  
against



Squish Bu  
and Be



limits the blood-pressure swing

## Rautrax-N lowers high blood pressure gently, gradually . . . protects against sharp fluctuations in the normal pressure swing.

Rautrax-N offers all the advantages of Raudixin, Naturetin and potassium chloride in a single dosage form *plus*: **increased efficacy** — Combined action of Raudixin and Naturetin results in a potentiated antihypertensive effect greater than that produced by either drug alone. **increased safety** — Potentiated action permits lower dose of other antihypertensive agents, thus reducing severity of side effects. Protection against possible potassium depletion.

**flexibility** — Interchangeable with either Raudixin or Naturetin **K. economy** — Maintenance dosage of only 1 or 2 tablets daily for most patients. **convenience** — Once-a-day maintenance dosage. Two potencies available.

**Supply:** Rautrax-N — capsule-shaped tablets providing 50 mg. Raudixin, 4 mg. Naturetin, and 400 mg. potassium chloride.

**Rautrax-N Modified** — capsule-shaped tablets providing 50 mg. Raudixin, 2 mg. Naturetin, and 400 mg. potassium chloride.

 **Rautrax-N\***

Squibb Standardized Whole Root Rauwolfia Serpentina (Raudixin)  
and Bendroflumethiazide (\*Naturetin) with Potassium Chloride

\*RAUDIXIN®, \*RAUTRAX® AND \*NATURETIN® ARE SQUIBB TRADEMARKS.

**SQUIBB**  
Squibb Quality—the  
Priceless Ingredient



## ● THERAPEUTIC INDEX

### "Thiosulfil" Forte 0.5 Gm. Tablet BRAND OF SULFAMETHIZOLE

"THIOSULFIL" has been found effective against the following urinary pathogens: *Proteus vulgaris*, *Pseudomonas aeruginosa*, *Escherichia coli*, *Streptococcus fecalis*, *Escherichia intermedium*, and *Aerobacter aerogenes*. In individual cases, sensitivity of the organisms may vary. Sensitivity tests, preferably by the tube dilution method, should be done first, for guidance as to alternate therapy in case "THIOSULFIL" FORTE does not control the infection.

**INDICATIONS:** Treatment of cystitis, urethritis, pyelitis, pyelonephritis, and prostatitis due to bacterial infection amenable to sulfonamide therapy; prior to and following genitourinary surgery and instrumentation; prophylactically, in patients with indwelling catheters, ureterostomies, urinary stasis, and cord bladders.

**SUGGESTED RANGE OF DOSAGE:** Adults: 1 or 2 tablets (0.5 Gm.-1.0 Gm.) three or four times daily.

**WARNING:** Due to the high solubility in body fluids of "THIOSULFIL" and its acetyl form, the hazards of renal tubule obstruction are minimized. The usual precautions exercised with sulfa drugs generally should, however, be observed. In those rare instances where exanthema, urticaria, nausea, emesis, fever or hematuria, are encountered, administration should be discontinued.

**CONTRAINDICATION:** A history of sulfonamide sensitivity.

**SUPPLIED:** NO. 785 - "THIOSULFIL" FORTE — Each tablet contains sulfamethizole 0.5 Gm. (scored), in bottles of 100 and 1,000.

ALSO AVAILABLE — NO. 785: "THIOSULFIL" — Each tablet contains sulfamethizole 0.25 Gm. (scored), in bottles of 100 and 1,000. No. 914 — "THIOSULFIL" Suspension — Each 5 cc. (teaspoonful) contains sulfamethizole 0.25 Gm., in bottles of 4 and 16 fluidounces.

**SUGGESTED DOSAGES: Infants and children:** The dosage is scheduled on an average basis of  $\frac{1}{2}$  to  $\frac{1}{4}$  gr. (30 to 45 mg.) per pound of body weight per day in divided doses. Maximum dosage up to 50 lbs.,  $\frac{1}{2}$  teaspoonful q.i.d. Maximum dosage from 50 to 75 lbs., 1 teaspoonful q.i.d.

#### WHEN ANALGESIA IS DESIRED

**"THIOSULFIL" — A FORTE NO. 783:** Each tablet contains sulfamethizole 0.5 Gm., and phenylazo-diamino-pyridine HCl 50.0 mg., in bottles of 100 and 1,000.

**CONTRAINDICATIONS:** (1) a history of sulfonamide sensitivity and (2) due to the phenylazo-diamino-pyridine HCl component, renal and hepatic failure, glomerulonephritis, and pyelonephritis of pregnancy with gastrointestinal disturbances.

**USUAL DOSAGE:** Adults: 2 tablets, four times daily. Children (9 to 12 years): 1 tablet, four times daily.

ALSO AVAILABLE: NO. 784 "THIOSULFIL" — A — Each tablet contains sulfamethizole 0.25 Gm., and phenylazo-diamino-pyridine HCl 50.0 mg., in bottles of 100 and 1,000. USUAL DOSAGE: Adults: 2 tablets, four times daily. Children (9 to 12 years): 1 tablet, four times daily.

For references, see opposite page.

SAF

THE  
■ M  
■ R  
■ Ra  
■ Hi

INITI

RECUR

CONTIN

dyspe

XUM

SAFELY MANAGES ALL EPISODES OF URINARY TRACT INFECTION

# "Thiosulfil"® Forte 0.5 Gm. Tablet (BRAND OF SULFAMETHIZOLE)

## THE ONE SULFONAMIDE THAT OFFERS

- Maximum urinary concentration of active, free sulfa at site of infection
- Rapid clearance (noncumulative)
- Rare incidence of side effects
- High degree of clinical effectiveness

"Thiosulfil" dosage schedules reported in the literature.

### INITIAL EPISODE (Acute Infection) 3 Gm./day<sup>1</sup>

Based on 7 years' clinical experience in treating 3,057 cases of upper and lower urinary tract infection, Bourque<sup>1</sup> found 3 Gm./day for 2 weeks (the average dosage employed in 97 per cent of patients) effective in most cases.

### RECURRING EPISODE (Flare-up) 3 Gm./day<sup>1</sup>

Same dosage as above. When longer therapy is required as in cases where there is stasis due to obstruction, administration may be continued at a lower dosage range.

### CONTINUING EPISODE (Stasis/Obstruction) 2 Gm./day<sup>2,3</sup> 0.5 Gm./day<sup>4</sup>

Where infection remains latent due to causes which cannot be eliminated as in paraplegia, patients have been maintained symptom-free on dosage regimens ranging from 2 Gm. to 0.5 Gm./day. After initial control of acute symptoms, therapy may be continued indefinitely on a low dosage basis to guard against recurrence and prevent ascending infection. Many cases can be controlled with as little as 0.5 Gm./day.

**SUPPLIED:** No. 786—"Thiosulfil" Forte—Each tablet contains sulfamethizole 0.5 Gm. (scored), in bottles of 100 and 1,000.

**ALSO AVAILABLE**—In urinary tract infection—to alleviate pain and control the infection: No. 783—"THIOSULFIL"®-A FORTE combines the sulfonamide specific for urinary tract infection with a potent analgesic for prompt, soothing relief of local discomfort. Each tablet contains sulfamethizole 0.5 Gm. and phenylazino-pyridine HCl 50 mg., in bottles of 100 and 1,000 tablets.

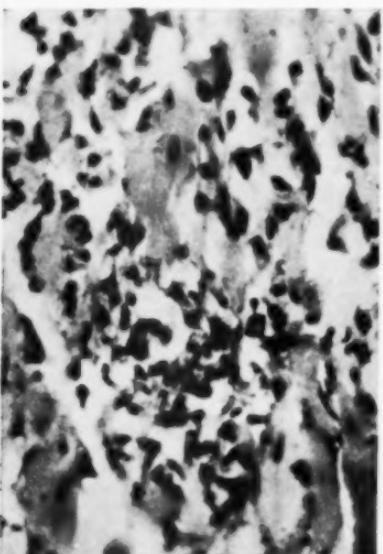
**References:** 1. Bourque, J.-P., and Gauthier, G.-E.: L'Union Médicale 89:640 (May) 1960. 2. Coltrill, T. L. C., Rolnick, D., and Lloyd, F. A.: Rocky Mountain M. J. 88:96 (Mar.) 1959. 3. Bourque, J.-P., and Joyal, J.: Canad. M.A.J. 88:337 (Apr.) 1953. 4. Hughes, J., Coppridge, W. M., and Roberts, L. C.: North Carolina M. J. 17:320 (July) 1966.



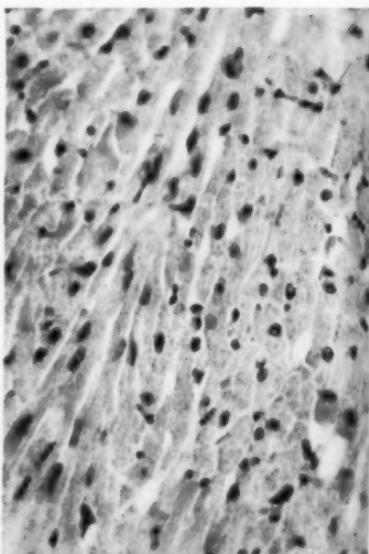
**Ayerst Laboratories** New York, N. Y. • Montreal, Canada

6124

# New laboratory evidence shows Serpasil® prevents heart damage



Severe heart damage in unprotected stressed rat. Tissue taken from rat given 2- $\alpha$ -methyl-9- $\alpha$ -fluorohydrocortisone and stressed by restraint. Photomicrographs from Raab.\*



No heart damage in stressed rat protected with Serpasil. Tissue taken from rat given 2- $\alpha$ -methyl-9- $\alpha$ -fluorohydrocortisone and stressed as at left, but also given Serpasil.

Note: While Serpasil did not completely protect the hearts of all animals in this study, it greatly reduced myocardial damage in most of them. Original magnification of photomicrographs above: approximately 480X.

This evidence suggests that Serpasil may protect your hypertensive patient's heart.

Complete information about indications, dosage, precautions and side effects will be sent on request.

Supplied: Tablets, 0.1 mg., 0.25 mg. (scored)

\*Raab, W.: Research report to CIBA.

SERPASIL® (reserpine CIBA)

2/2934 MK-1

CIBA  
SUMMIT-NEW JERSEY

For a full report  
write:  
**P.O. Box 277-E,  
CIBA, Summit, N.J.**

of us types some medic can test." officia the a plus more —wi

2. I memb the on The A to tak uate w his m is for impo than t

F  
I re Wh ord the the ou —H

Medica

of us are G.P.s, but of different types. Some do more obstetrics, some more surgery, some more medicine. No certifying board can homogenize us with one test." Incorporators of the unofficial board think they have the answer: one basic exam plus optional exams that go more deeply into specialty work—with certificates to match.

*2. It's better to let Academy membership itself constitute the only G.P. "certification."* The A.A.G.P. requires a doctor to take fifty hours of post-graduate work annually to maintain his membership. If a G.P. board is formed, it may become more important to get its certificate than to keep up yearly studies,

say some opponents of a G.P. board.

What if these arguments should win majority support among A.A.G.P. members? The incorporators of the "unofficial board" will keep on working to make it official. As one of them says: "It took thirty years to get one of the specialty boards established. A G.P. board has got to come, and in a lot less time than thirty years."

"Less time" may mean merely the ten months between now and next April. That's when the A.A.G.P. meets again—and in Las Vegas, where people who quote odds will probably quote them in favor of G.P. certification. END

---

### *Fifth partner*

I recently received \$25 for setting a fractured left clavicle. When the patient went to the post office to fill out a money order as payment, he apparently looked at my billhead, read there the names of the four partners in our orthopedic group, then read the entry under "Professional Services," and made out the money order accordingly—to "Frac. L. Clavicle."

—Henry D. Severn, M.D.

## *The cigarette that made the Filter Famous!*



It's true. Kent's enormous rise in popularity—with all the attendant magazine and newspaper stories—really put momentum to the trend toward filter cigarettes!

So, Kent is the cigarette that made the filter famous. And no wonder. Kent's famous Micronite filter is made from a pure, all-vegetable material. A specially designed process at the P. Lorillard factory compresses this material into the filter shape and creates an intricate network of tiny channels which refine smoking flavor.

Kent with the Micronite filter refines away harsh flavor . . . refines away hot taste . . . makes the taste of a cigarette mild.

That's why you'll feel better about smoking with the taste of Kent.

© 1961 P. LORILLARD CO.

A PRODUCT OF P. LORILLARD COMPANY · FIRST WITH THE FINEST CIGARETTES · THROUGH LORILLARD RESEARCH

## Do medical P.R. programs pay their way?

Unlike most of medicine's leaders, some rank-and-file M.D.s are skeptical about the merits of public relations campaigns. One such doctor recently took the trouble to investigate his state society's program at first hand. And even though the campaign is considered to be serving a commendable cause, he came out of his investigation convinced that most such P.R. programs cost more than they're worth.

The program is one developed by the Pennsylvania Medical Society. After enduring more than its share of troubles with union-operated health plans, the society at one time considered starting a \$700,000-a-year "give-'em-hell" campaign against these plans and the doctors employed by them. But on the advice of two public relations firms, it voted for a more constructive and much less costly P.R. program—one that would tell the public exactly what the society was doing to



DR. W. A. SCHAEFFER

*Won't take P.R. for an answer*

stop fee gouging and other alleged abuses. Chiefly to pay for the program, dues were raised \$20 a year.

The hike didn't sit well with Dr. W. A. Schaeffer of Lancaster, Pa. "Even at \$40, the dues seemed open to question," he says. "At \$60, they seemed quite unreasonable." So he spent a day at society headquarters to "see just where that \$60 goes." What he learned about the \$20



## Potassium Penicillin V versus semi-synthetic penicillin

**Recent clinical evidence sheds new light on some important questions . . .**

**Q. Which of the two oral penicillins  
provides greater antibacterial activity?**

In a follow-up study<sup>1</sup> of oral penicillins, McCarthy and Finland compared the antibacterial activity of potassium penicillin V and semi-synthetic penicillin. They said: "Penicillin V provided greater activity than phenethicillin [semi-synthetic penicillin] against the streptococcus and pneumococcus, at least equivalent activity against the staphylococcus and sarcina in the serum and the same or greater activity in the urine . . ."

In another study<sup>2</sup>, Griffith found that penicillin V not only produced peak levels of serum antibacterial activity faster, but produced values almost half again as high as those obtained with semi-synthetic penicillin.

A direct laboratory comparison<sup>3</sup> by Abbott scientists revealed a measurable difference in activity, milligram for milligram, between the two penicillins *in vitro*. Against four pathogenic strains (staphylococcus, streptococcus, pneumococcus, and corynebacterium species), potassium penicillin V exhibited from two to eight times the antibacterial activity of semi-synthetic penicillin.

**Q. How valid are blood levels as a basis for comparison?**

In comment on the two penicillins, McCarthy and Finland state<sup>1</sup>: "Thus, although the claim of better absorption and excretion

and higher serum level of phenethicillin may be partly correct, strictly speaking, this is true in a very restricted sense and is therapeutically meaningless. Indeed the claim is misleading since it clearly implies greater antibacterial and presumably curative activity, which, in fact, the drug does not possess . . .”

**Q. Are there useful differences in resistance to penicillinase?**

In another recent report<sup>4</sup>, Geronimus commented: “Very large concentrations [of semi-synthetic penicillin] . . . were required to inhibit even so-called moderately penicillin-resistant staphylococci when populations were employed that approached those found *in vivo*. Inferences regarding the possible effectiveness of phenethicillin in infections by penicillinase-producing staphylococci drawn by others from experiments with relatively minute inocula were found to be unwarranted.”

McCarthy et al.<sup>5</sup> reached a similar conclusion: “Both of these penicillins [potassium penicillin V and phenethicillin] are qualitatively similar to penicillin G in their susceptibility to penicillinase produced by *Staphylococcus aureus*.”

At Abbott, investigators studying the same subject<sup>3</sup> found that the rate of destruction of all three penicillins was so great that any differences were of no therapeutic significance.

**Q. How does the safety of oral penicillins compare?**

While surveys<sup>6</sup> have established that oral penicillin produces fewer and less severe reactions than does injectable penicillin, to date no clinical studies have produced any evidence that one oral form is less allergenic than another.

**Q. What are the benefits of Compocillin-VK?**

Compocillin-VK is Abbott's potassium penicillin V. It offers early, high concentrations of serum antibacterial activity against penicillin-sensitive organisms. Following appropriate doses, initial activity levels are higher than those obtained with intramuscular penicillin G. Available in easy-to-take forms for any age: tiny Filmtab® tablets, 125 mg. and 250 mg.; or as granules for tasty cherry-flavored Oral Solution.

# COMPOCILLIN®-VK

(POTASSIUM PENICILLIN V)



1. McCarthy, C. G., and Finland, M., *New England J. Med.*, 263:315, Aug. 18, 1960. 2. Griffith, R. S., *Antibiot. Med. & Clin. Therapy*, 7:129, Feb., 1960. 3. Laboratory Records, Microbiology Dept., Abbott. 4. Geronimus, L. H., *New England J. Med.*, 263:315, Aug. 18, 1960. 5. McCarthy, C. G., Hirsch, H. A., and Finland, M., *Proc. Soc. Exper. Biol. Med.*, 103:177, Jan., 1960. 6. Welch, H., Lewis, C. N., Weinstein, H. I., Boeckman, B. B., *Antibiotics Annual*, 1957-58, p. 296.

"Illuminated Reflecting Lettered Signs"

**C.J. MYNAUGH, M.D.**

Fluorescent Lighted Visible Day & Night  
All Aluminum & Stainless Steel Sign Panel 6'x22"-\$120.  
Effective, Dignified, White lettering on black background.

WRITE FOR CATALOG No. 45  
1410 Chestnut Street, Philadelphia, Pa.

**SPENCER INDUSTRIES**



 **A SAFE APPROACH**  
IN THE TREATMENT OF PSORIASIS



Clinically tested, safe and effective RIASOL offers maximum assurance against recurrence and adverse reactions. RIASOL contains 0.45% Mercury chemically combined with soaps, 0.5% Phenol, and 0.75% Cresol. Available at pharmacies or direct in 4 and 8 fluid ounces. Write for professional sample and literature.

 *SHIELD Laboratories* Dept. 109  
12850 Mansfield Avenue • Detroit 27, Michigan

## ...Your profession

that chiefly goes to finance the new P.R. program upset him. Here are excerpts from his recent report to county medical society colleagues:

"At the October, 1959, meeting, the House [of Delegates] plunged blindly into a program of 'Public Relations' without really knowing where they were going or—even worse—where they wanted to go. A small group of vociferous physicians . . . scared the leadership into Action with a capital 'A.' The result was an unnecessary 50 per cent increase in dues. This brought over \$200,000 extra into the P.M.S. treasury and, to this date, the leadership doesn't know what to do with the money . . .

"What is even worse, in my opinion, is the money that is being wasted on [outside public relations firms] . . . Raising dues and spending money will not automatically solve a difficult problem . . . I believe that the various commissions [of the society], the Board of Trustees, and the full-time staff are capable of [solving it]. Outside help may be occa-

ANNOUNCING... A POTENT  
ANTIDEPRESSANT  
WITH EFFECTIVE  
ANTI-ANXIETY  
PROPERTIES...

**ELAVIL.**

IMITRIPTYLINE HYDROCHLORIDE

NEW

MSD

**new...a potent  
antidepressant  
with effective  
anti-anxiety  
properties**

E  
AMITRIPTYLINE HYDROCHLORIDE

L  
A

**RELATIVE UTILITY IN MANAGEMENT OF DEPRESSED PATIENTS**

| <i>Class of compounds</i> | TARGET SYMPTOMS OF DEPRESSION:   |  |                   |                                    |
|---------------------------|--|--|-------------------|------------------------------------|
|                           | <i>Anxiety</i>   | <i>Insomnia</i>  | <i>Depression</i> | <i>Over-all relief of symptoms</i> |
| TRANQUILIZERS             | "Failure of the tranquilizers to produce satisfactory results is due in many cases to their being prescribed for depression, especially depression masked by the more prominent symptoms of anxiety. The underlying depression may be deepened." <sup>1</sup>  |  |                   | +                                  |
| ANTIDEPRESSANTS           |  | "CNS stimulants and anti-depressants, if given to anxious patients, will increase the anxiety. . ." <sup>1</sup> |                   | +                                  |
| <b>ELAVIL</b>             | "...this drug [ELAVIL] acted both as a tranquilizer and as an anti-depressant. . ." <sup>2</sup> Many physicians customarily treat anxious or depressed patients with a combination of an antidepressant and a tranquilizer. This is seldom necessary when prescribing ELAVIL because it has both anti-depressant and anti-anxiety properties. |  |                   | ++                                 |

# ELAVIL®

*effective in patients with depression . . . particularly useful in those with predominant symptoms of anxiety and tension . . . provides prompt relief of anxiety and insomnia associated with depression*

## SPAN OF ACTIVITY OF PSYCHOACTIVE DRUGS

TRANQUILIZERS

ANTIDEPRESSANTS

**ELAVIL**

**INDICATIONS:** manic-depressive reaction — depressed phase; involutional melancholia; reactive depression; schizoaffective depressions; neurotic depressive reaction; and these target symptoms: anxiety; depressed mood; insomnia; psychomotor retardation; functional somatic complaints; loss of interest; feelings of guilt; anorexia. May be used whether the emotional difficulty is a manifestation of neurosis or psychosis,<sup>4</sup> and in ambulatory or hospitalized patients.<sup>3,4,5</sup>

**USUAL ADULT ORAL DOSAGE:** Initial, 25 mg. three times a day, until a satisfactory response is noted. Many patients improve rapidly, although some depressed patients may require four to six weeks of therapy before obtaining maximum benefit. In severely depressed patients, as much as 150 mg. per day may be given. Maintenance, 25 mg. two to four times a day. Some patients may be maintained on 10 mg. four times a day. The natural course of depression is often many months in duration. Accordingly, it is appropriate to continue maintenance therapy for at least three months after the patient has achieved satisfactory improvement in order to lessen the possibility of relapse, which may occur if the patient's depressive cycle is not complete. In the event of relapse, therapy with ELAVIL may be reinstated.

ELAVIL is not a monoamine oxidase (MAO) inhibitor. No evidence of drug-induced jaundice or agranulocytosis has been noted. Side effects (drowsiness, dizziness, nausea, excitement, hypotension, fine tremor, jitteriness, headache, heartburn, anorexia, increased perspiration, and skin rash), when they occur, are usually mild. However, as with all new therapeutic agents, careful observation of patients is recommended. As with other drugs possessing significant anticholinergic activity, ELAVIL is contraindicated in patients with glaucoma.

**SUPPLY:** Tablets, 10 mg. and 25 mg., in bottles of 100. Injection (intramuscular), 10 mg. per cc., 10-cc. vials.

**REFERENCES:** 1. Perloff, M. M., and Levick, L. J.: Clinical Med. 7:2237, Nov. 1960. 2. Freed, H.: Am. J. Psychiat. 117:455, Nov. 1960. 3. Dorfman, W.: Psychosomatics 1:153, May-June, 1960. 4. Ayd, F. J., Jr.: Psychosomatics 1:320, Nov.-Dec. 1960. 5. Barsa, J. A., and Saunders, J. C.: Am. J. Psychiat. 117:739, Feb. 1961.

Before prescribing or administering ELAVIL, the physician should consult the detailed information on use accompanying the package or available on request.



MERCK SHARP & DOHME, DIVISION OF MERCK & CO., INC., WEST POINT, PA.

ELAVIL IS A TRADEMARK OF MERCK & CO., INC.

# faced



with the problem of identifying a drug? Help is as close as your copy of PDR with the new **PRODUCT IDENTIFICATION SECTION**



showing color, size, shape, and company markings of some 400 tablets and capsules . . . adding new usefulness to an old standby: **PHYSICIANS' DESK REFERENCE**, the best friend a doctor's memory ever had.



**PHYSICIANS'  
DESK REFERENCE**  
published by  
**Medical Economics, Inc.  
Oradell, N.J.**

...Your profession

sionally needed, but certainly not to the tune of \$80,000 or more a year."

Dr. Schaeffer has this advice for fellow M.D.s everywhere: "Get acquainted with your medical society's program. Form your own opinion about the current emphasis on public relations ventures. And express that opinion to your delegates and to your colleagues." END

**Amusing . . .  
Amazing . . .  
Embarrassing . . .**

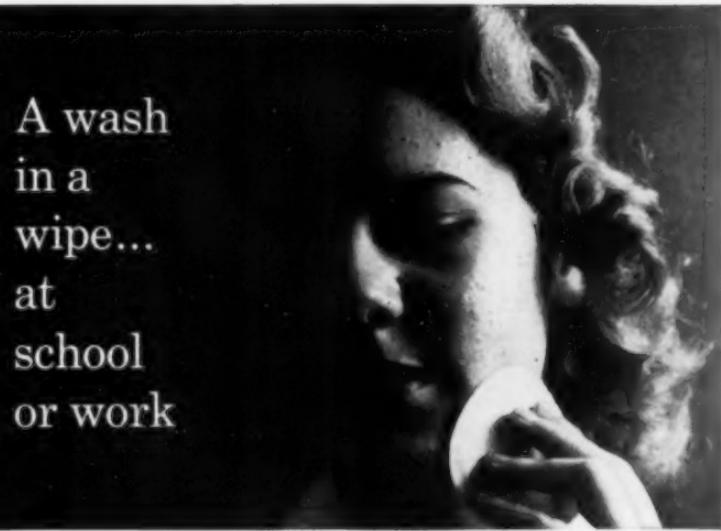
No doubt one of these adjectives describes some incident that has occurred in the course of your practice.

Why not share the story with your colleagues?

If it's accepted for publication, you'll receive \$25-\$40.

Contributions must be unpublished. They cannot be either acknowledged or returned. Those not accepted within ninety days may be considered rejected. Address: Anecdote Editor, MEDICAL ECONOMICS, Oradell, N.J.

A wash  
in a  
wipe...  
at  
school  
or work



NEW Therapads quickly cleanse the skin  
when washing is inconvenient

# THERAPADS

*for daytime  
skin care  
in acne*

Therapads are soft cotton flannel discs impregnated with ethyl alcohol (50%) and salicylic acid (1½%). In acne or seborrhea, Therapads effectively remove excess sebaceous film and, at the same time, exert a mild drying, astringent and keratolytic effect on the skin.

Extensive clinical evaluations reveal high patient acceptance of THERAPADS because they are a simple, *rational, therapeutic aid*, solving the daytime skin cleansing problem at work or in school.

A plastic case, included with each jar, holds a daily supply of THERAPADS . . . can be easily slipped into purse or pocket.

Therapads are available at busy *prescription pharmacies* in jars of 40 with carrying case.



**PHARMACEUTICAL COMPANY**  
Minneapolis 16, Minnesota  
In Canada: Winley-Morris Co., Montreal



Fuller Pharmaceutical Co.  
3108 W. Lake St., Minneapolis 16, Minn.  
For generous office supply of THERAPADS—  
just fill in and return this coupon.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

56



## BACKACHE?

### SIMMONS INVENTS A NEW MATTRESS— BACK CARE WITH BUILT-IN BEDBOARD

**For firm support**—the new-type bedboard, centered in the mattress, close to the back, firmly supports spinal structures.

**For "sag" control**—lower layer of springs pushes up against the bedboard and prevents "sagging" at any point.

**For comfort**—the upper layer of springs adjusts to body contours.

The unique construction of Back Care—including the new "Ortho-Fiber" bedboard—was suggested by physicians and has been tested and approved by leading orthopedic surgeons. They found that it affords patients both the firmness and the comfort necessary to alleviate backache caused or aggravated by lack of proper mattress support.

Many physicians endorse Back Care With Built-In Bedboard, as a basic adjunct to the management of chronic, uncomplicated backache.

For complete information—write for the descriptive booklet which is available from Simmons Co., Dept. AA, Merchandise Mart, Chicago, Ill.

For back problems not severe enough for an orthopedic mattress, extra-firm Beautyrest® provides ideal support and comfort.

## BACK CARE by SIMMONS



## Financial briefs

*Medical Economics, June 5, 1961*

FASTEAST-CLIMBING STOCKS on the New York Exchange in the first four months of 1961: Ward Industries, up 213%; Avnet, 147%; Certainteed, 135%; J. R. Thompson, 115%; Smith-Corona, 108%; Capital Airlines, 107%.

---

INSURING YOUR CHILD'S LIFE? Consider adding these two riders: guaranteed insurability, which will let him add up to \$60,000 insurance later without a medical; and a payor benefit, which cancels premiums until he's 25 if you should die.

---

YOUR WILL MAY NEED REVISION if any of these things has happened recently: the birth, death, marriage, or divorce of someone in your family; your purchase or sale of a house, car, boat, or other valuable property.

---

DON'T RAID YOUR SAVINGS ACCOUNT just before the end of an interest period. Instead, borrow on your bank book until the interest is paid and then make your withdrawal. The extra interest you collect should more than offset the bank's charge for a few weeks' loan.

---

WHAT ARE INSIDERS INVESTING IN? Executives in only three industries bought more stock in

## ...Financial briefs

their own firms than they sold, first-quarter reports show. The industries: communications, home appliances, and mining (except coal). In 35 other fields, company officials sold more shares than they bought.

---

IF YOUR SON'S GRADUATING from college now, what earnings can he look forward to? Sample monthly salaries being offered to new grads: up to \$600 for engineers, over \$500 for accountants, and as much as \$450 for liberal arts and business majors. Beginners' pay averages 3% to 5% above last year.

---

GETTING MONEY IN A HURRY can be a headache. Keeping a roll of bills in the house is too risky. And your personal check isn't always readily negotiable on a weekend. The best solution: Tuck away a couple of \$100 traveler's checks to cover any unexpected expenses when the banks are closed.

---

WONDERING WHAT TO DO ABOUT STOCKS you own that have risen sharply? One suggestion: Cash in an amount equal to your original investment and put the money into sound fixed-income investments. Let the profits ride on your remaining stock. That way you'll come out ahead no matter what happens in the market.

WHEN  
SPASM  
HAS  
'EM



# BUTIBEL®

**co-ordinates antispasmodic/sedative action  
for smooth therapeutic control**

BUTIBEL offers an important clinical refinement in the relief of gastro-intestinal spasm...co-ordination of the reliable antispasmodic and antisecretory activity of Ext. belladonna 15 mg. and the intermediate sedative action of BUTISOL SODIUM® butabarbital sodium 15 mg.

 **no "cumulative sedative drag"** Since these two components have essentially the same duration of action, BUTIBEL makes possible an even, time-matched therapeutic continuity for balanced control of both tension and spasm, without the "cumulative drag" so many patients experience with phenobarbital.

**BUTIBEL** Tablets • Elixir • Prestabs® Butibel R-A (Repeat Action Tablets)

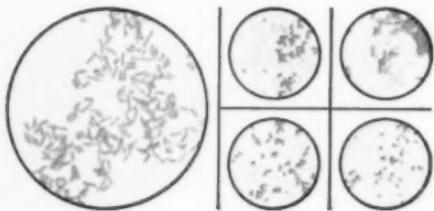
**McNEIL**

McNEIL LABORATORIES, INC., Fort Washington, Pa.

ANNOUNCING  
*a new antibiotic for gram-negative pathogens —  
particularly Pseudomonas*

# COLY-MYCIN® INJECTABLE

THE ONLY BRAND OF COLISTIMETHATE SODIUM



Especially valuable in acute or resistant gram-negative urinary infections.

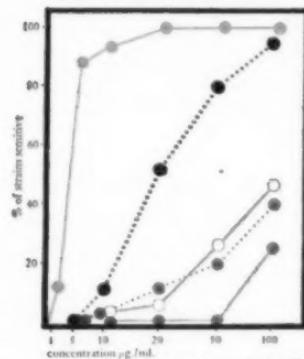
Also indicated in pyelonephritis, blood stream, respiratory tract, surgical, wound and burn infections due to sensitive organisms.

**Primarily bactericidal** against a wide range of gram-negative organisms. (Not effective against Proteus.)

**Rapidly effective**—therapeutic blood and urine levels quickly attained.

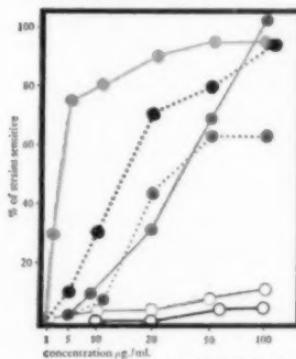
**Exceptionally safe**—at recommended dosages—no blood dyscrasias, moniliasis, renal or 8th nerve damage reported. Exceptionally free of resistance and cross-resistance problems.

BACTERICIDAL ACTIVITY OF  
COLY-MYCIN AND  
4 OTHER ANTIBIOTICS  
AGAINST PSEUDOMONAS\*



\*Adapted from Petersdorf and Hock.

BACTERICIDAL ACTIVITY OF  
COLY-MYCIN AND 5 OTHER  
ANTIBIOTICS AGAINST  
ESCHERICHIA COLI\*



\*Adapted from Petersdorf and Hock.

- Coly-Mycin —●—
- Polymyxin B -----●-----
- Kanamycin —○—
- Streptomycin -----●-----
- Chloramphenicol —○—
- Tetracycline —○—

Full dosage information, available on request,  
should be consulted before initiating therapy.

**For intramuscular injection only.** In vials containing  
150 mg. colistimethate sodium.

makers of Gelusil Tedral Mandelamine Peritrate Proloid



Your world

# Excellence



*Further selections from  
the book "Excellence,"  
by John W. Gardner*

Is it po...  
don't b...  
lost th...  
excelle...

I ha...  
of indi...  
I find t...  
a word...  
that m...

My  
social  
smoth...  
and in...

Copyright  
lishers, 1...

# Is it still your goal?

Is it possible for a people to achieve excellence if they don't believe in anything? Have the American people lost their sense of purpose and the drive to achieve excellence?

I have discussed these matters with a great variety of individuals and groups throughout the country, and I find that "excellence" is a curiously powerful word—a word about which people feel deeply. But it is a word that means different things to different people.

My own viewpoint is this: I am concerned with the social context in which excellence may survive or be smothered. I am concerned with the difficult, delicate, and important business of toning up a whole society,

---

Copyright © 1961 by John W. Gardner. Reprinted by permission of the publishers, Harper & Brothers.

# INTRODUCING

...  
new oral  
progestational  
agent,  
twice as  
potent as  
Norlutin

higher p...  
ea + funct...  
premenstru...  
hemically  
androme.  
physiologic...  
al ethister...  
deed, neit...  
exceeded...  
ical assa...  
inically...  
providing...  
rus, NORLU...  
ency. T...  
apy wit...  
onse of  
ethindro...  
e medical...  
RECAUTION:  
imgation o...  
fects with  
usea have b...  
CKAGING:  
nd reports o...  
XUM

# NORLUTATE

17-alpha-Ethinodiol-19-nortestosterone Acetate, Parke-Davis

higher progestational efficacy in • amenorrhea • menstrual irregularity • dysmenorrhea • functional uterine bleeding • endocrine infertility • abortion, habitual or threatened premenstrual tension • endometriosis

**clinically...** 17-alpha-ethinodiol-19-nortestosterone acetate—the acetate ester of norethindrone.

**physiologically...** an effective progestational agent—in this respect exceeding not only ethisterone and parenterally administered progesterone but norethindrone as well. Indeed, neither NORLUTATE nor its parent product Norlutin® (norethindrone, Parke-Davis) exceeded in potency by any other oral progestational agents, as determined by clinical assay.

**clinically...** makes oral progesterone replacement therapy more effective in lower dosage, providing a milligram for milligram potency approximately twice that of norethindrone.\* Thus, NORLUTATE offers a superior means of promptly offsetting endogenous progesterone deficiency. May also be used as a test for pregnancy.

Therapy with NORLUTATE should be adapted to the specific indication and therapeutic response of the individual patient. Suggested dosages are based on experience with both norethindrone and NORLUTATE and take account of the increased potency of the latter. See medical brochure for details of administration and dosage.

**RECAUTIONS:** The parent substance, norethindrone, has been reported as associated with masculinization of the female fetus, voice changes, hirsutism, and acne; and the possibility of such effects with NORLUTATE should be considered. Mild side effects such as transient lethargy and nausea have been reported. Spotting before calculated onset may indicate insufficient dosage.

**PACKAGING:** 5-mg. scored tablets, bottles of 30.      Junkmann, C. Unpub.

\* Reports cited by Werner-Boschann, H.: Ann. New York Acad. Sc., 71:727-752, 1958.

**PARKE-DAVIS**

of bringing a whole people to that fine edge of morale and zest that makes for greatness.

This is not a Utopian tract. Those who complain about the quality of our national life seem to be dreaming of a world in which everyone, without exception, has talent, taste, judgment, and an unswerving allegiance to excellence. Such dreams are pleasant but unprofitable. The problem is to achieve some measure of excellence *in our society*, with all its exciting and debilitating confusion of standards, with all the stubborn problems that won't be solved.

Our society cannot achieve greatness unless individuals at many levels of ability strive to achieve high

### Rx for busy professional men

*If you love your work, says Author John W. Gardner, you can't give it too much time and energy. You may often think you do. But at bottom, you know this: Only by losing yourself in your work can you really fulfill yourself. And self-fulfillment, according to John Gardner, should be a way of life. It's man's ultimate gratification, his proper purpose and destiny. In his book "Excellence," condensed here in the second of two installments, he demands that each of us strive to shape our society so that every member in it can achieve this self-fulfillment. Only then will some kind of meaningful excellence be within everyone's reach.*

# AKALON-T®

"STRASIONIC" ANTICHOLINERGIC

METHSCOPOLAMINE-TUAZOLE® RESIN

A single  
capsule dose  
  
CALMS  
THE GI TRACT  
  
COMBATS  
EXCESSIVE  
GASTRIC SECRETIONS  
  
for  
  
8-12 HOURS

"Strasionic" release makes  
the BIG difference



#### TWO STRENGTHS



**AKALON-T'5'**: 5 mg. Methscopolamine and 20 mg. Tuazole (Brand of 2-methyl-3-orthotolyl-quinazolone) as cation exchange resin complexes of sulfonated polystyrene.

Rx Only



**AKALON-T'10'**: 10 mg. Methscopolamine and 40 mg. Tuazole (Brand of 2-methyl-3-orthotolyl-quinazolone) as cation exchange resin complexes of sulfonated polystyrene.

Akalon-T—made and marketed ONLY by **STRASENBURGH**

## Allergic or inflammatory flare-up!



Female, 48. Di: dermatitis venenata. Cimastat valamine anti-stimamine lotion applied for contact dermatitis—Rx Celestone Tablets, 0.6 mg. Photograph prior to Rx.

Step-down dosage of 1 tab. q.i.d. for 2 days; tab. q.i.d. for 2 days; 1 tab. b.i.d. for 2 days; 1 tab. daily for 2 days. Results: immediate complete control. Side Effects: none. Photograph after 72 hours of Celestone therapy. (Photograph courtesy of M. M. Kierman, M.D., Calumet City, IL)

Rap  
the fl

Clinica  
greatly  
inflam  
lower n  
have be  
pre-intu  
steroid-

- bron
- polle
- aller
- inflam
- rheu

Excepti  
matoses  
sponsiv  
anti-inf

with av

2 to 8

Ease o  
follow  
respons  
tablet s  
switched

Bibliogr  
at First S  
City, Ma  
J. Gant,  
of Betam  
Steroid i  
Betameth  
in the T  
Betameth  
on the E  
Manag  
—A New  
of Betam

H  
a me

Schering

## Rapid remission with new Celestone the first major advance in corticosteroid therapy in over 2½ years

**Clinical worth:** CELESTONE provides greatly enhanced antiallergic and anti-inflammatory effects with significantly lower mg. dosages. Its efficacy and safety have been established by 20 months of pre-introductory clinical trials in such steroid-responsive disorders as:

- bronchial asthma
- pollerosis (severe hay fever)
- allergic/inflammatory dermatoses
- inflammatory eye diseases
- rheumatoid arthritis

**Exceptional utility:** From simple dermatoses to the more severe steroid-responsive conditions, the unexcelled anti-inflammatory effect of CELESTONE provides rapid clinical improvement with average daily dosages ranging from 2 to 8 tablets.

**Ease of use:** CELESTONE has simple-to-follow dosage schedules for all steroid-responsive disorders based on a single tablet strength, 0.6 mg. Patients may be switched easily from other corticoste-

roids to CELESTONE with proper dosage adjustments.

**Safety-speed factor:** CELESTONE is particularly valuable for short-term therapy of acute inflammatory episodes because inflammation is resolved quickly, thus helping to avoid certain corticoid side effects such as:

- |                              |                   |
|------------------------------|-------------------|
| • weight loss                | • anorexia        |
| • sodium and water retention | • vertigo         |
| • potassium excretion        | • severe headache |
|                              | • muscle weakness |

**Improved response:** CELESTONE also offers the advantage of providing an opportunity to restore "lost" or diminished control in patients receiving other steroids.

*For complete details, consult latest Schering literature available from your Schering Representative or the Medical Services Department, Schering Corporation, Bloomfield, New Jersey.*

**Bibliography:** 1. Goldman, L.: Investigation of a New Steroid in Dermatology. Paper presented at First Symposium on the Clinical Application of Betamethasone: A New Corticosteroid, New York City, May 8, 1961. 2. Nierman, M. M.: The Use of Betamethasone in Dermatology. *Ibid.* 3. Gant, J. Q., and Gould, A. H.: Betamethasone: A Clinical Study. *Ibid.* 4. Frank, L.: The Place of Betamethasone in Dermatologic Practice. *Ibid.* 5. Hampton, S. F.: Betamethasone: A New Steroid in Allergy: A Preliminary Report. *Ibid.* 6. Bukantz, S. C.: Observations on the Use of Betamethasone in the Intractable Asthmatic Child. *Ibid.* 7. Bedell, H.: A New Systemic Steroid in the Treatment of Allergies in Office Practice. *Ibid.* 8. Schwartz, E.: Clinical Evaluation of Betamethasone in Chronic Intractable Bronchial Asthma. *Ibid.* 9. Kammerer, W. H.: Observations on the Effects of Betamethasone in Rheumatoid Arthritis. *Ibid.* 10. Cohen, A., and Goldman, J.: Management of Rheumatoid Arthritis with a New Steroid. *Ibid.* 11. Gordon, D. M.: Betamethasone—A New Corticosteroid in Ophthalmology. *Ibid.* 12. Abrahamson, I. A., Jr.: A Clinical Evaluation of Betamethasone. *Ibid.*

H-371

(betamethasone) Tablets, 0.6 mg.

# CELESTONE™

a new magnitude in corticosteroid activity

standards of performance within the limits possible for them. If the man in the street says, "Those fellows at the top have to be good, but I'm just a slob and can act like one"—then our days of greatness are behind us.

We must foster a conception of excellence that may be applied to every degree of ability and to every socially acceptable activity. A missile may blow up on its launching pad because the designer was incompetent or because the mechanic who adjusted the last valve was incompetent. The same is true of everything else in our society. We need excellent physicists and excellent mechanics. We need excellent cabinet members and excellent first-grade teachers. The tone and fiber of our society depend upon a pervasive and almost universal striving for good performance.

We are not going to get that kind of striving unless we can instruct the whole society in this conception of excellence: Whoever I am, or whatever I am doing (provided that I am engaged in a socially acceptable activity), some kind of excellence is within my reach.

The fact is, many more can achieve excellence than now do. Many, many more can *try* to achieve it than now do. *And the society is bettered not only by those who achieve it but by those who are trying.*

We cannot have islands of excellence in a sea of slovenly indifference to standards. In an era when the masses of people were mute and powerless it may have been possible for a tiny minority to maintain high standards regardless of their surroundings. But today the masses of people are neither mute nor powerless. As consumers, as voters, as the source of Public Opin-

## DORNWAL® is the tranquilizer versatile enough to be used almost anywhere.

Take, for instance, the woman in our picture, suffering from a really severe tension headache. Aspirin she has tried, of course; but suppose she's called you and you prescribed Dornwal. What would you expect?

First, let us say you told the druggist to indicate the dosage that our clinical research has shown is useful in these cases — 1 or 2 tablets t.i.d. In all probability, she would experience relief of pain and a general relaxation in less than an hour. If she is doing her housework, she could go on with it, because she wouldn't get sleepy.

Dornwal is one tranquilizer that doesn't make people sleepy. It's a tranquilizer pure and simple. Its effectiveness you will see clearly the next time you encounter a patient given to tension headaches. Try Dornwal and see the results. **Dosage:** One or two 200 mg. tablets three times a day. Children, age 6 to 16, one or two 100 mg. tablets two times a day. **Supplied:** 200 mg. yellow scored tablets, and 100 mg. pink tablets, each in bottles of 100 and 500.

No absolute contraindications to the use of Dornwal are known. There have been no reports or evidence of habituation, addiction or drug tolerance in animal or clinical studies. Dornwal is relatively free from untoward effects when administered at recommended dosages. **P.S. For the "Genericist," Dornwal is amphenidone.**

Maltbie Laboratories Division, Wallace & Tiernan Inc., Belleville 9, N.J.



ion, they heavily influence levels of taste and performance. They can create a climate supremely inimical to standards of any sort.

We know that Americans firmly believe in the importance and the fulfillment of the individual. As long as we are true to our deepest convictions as Americans, a concern for the individual will be the central theme in our consciousness. But concern for the individual is not enough. Free men must see their goals at two levels—the level of the individual and the level of society.

Individual fulfillment on a wide scale can occur only in a society designed to cherish the individual. It must have the strength to protect him and the richness and diversity to stimulate and develop him. Such societies do not simply grow by themselves. They will grow—and survive—only if free men give devoted attention to their welfare.

A free people, precisely because they prize individuality, must take special pains to insure that their shared purposes do not disintegrate. It is an appropriate time in history to examine our shared aims. Our society has been challenged in the most fundamental terms. I am not referring to the tensions and rivalries on the international scene. These are important, but no man who is accustomed to looking beyond the day's events can doubt that the challenge is more profound and far-reaching than these crises. It is more than a question of who performs the most exciting feats in outer space or who wins today's skirmish on the diplomatic front. The long-run challenge to the United States is nothing less than a challenge

NO  
AN  
SW  
TA  
THA  
LIK  
LIQ

A COMPLI

"R  
Brain

A TR  
SWALLO

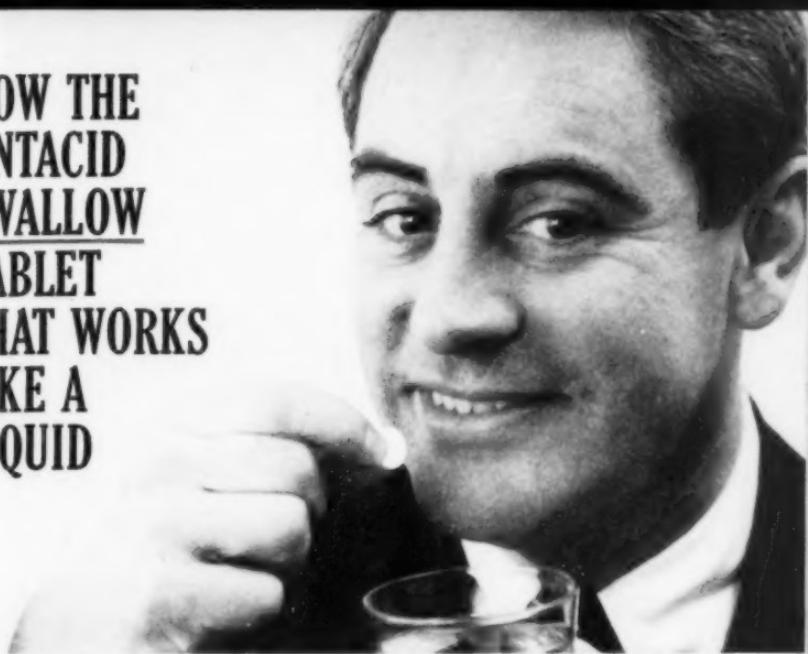
THE N  
THAT  
IN SPE  
DURAT

■ works  
...adjust  
5.5 ther  
seconds

■ sustai  
like a p  
physiolog  
periods

AYERST  
New York

# NOW THE ANTACID SWALLOW TABLET THAT WORKS LIKE A LIQUID



A COMPLETELY NEW CHEMICAL ENTITY •

## "RIOPAN"

Brand of Monalium hydrate

### A TRUE BUFFER-ANTACID

SWALLOW TABLETS & SUSPENSION

### THE NON-CHEW TABLET THAT WORKS LIKE A LIQUID IN SPEED OF ACTION AND DURATION OF RELIEF

■ works as fast as a liquid  
... adjusts pH to the safe 3.5-  
5.5 therapeutic range within  
seconds

■ sustains buffering action  
like a liquid... maintains a  
physiologic pH for prolonged  
periods



AYERST LABORATORIES  
New York 16, N.Y. • Montreal, Canada

### LIQUID ACTION WITH TABLET CONVENIENCE

Now for the first time, your patients can enjoy liquid effectiveness with tablet convenience—and because "RIOPAN" is a swallow tablet, there is no taste fatigue...nor have side effects been a problem: no alkalinization—no acid rebound—no constipation—no diarrhea.

**\*THE PHARMACOLOGIC BASIS  
FOR "RIOPAN" EFFECTIVENESS**  
"RIOPAN" is an entirely new chemical entity in which two agents with well established antacid properties—magnesium and aluminum hydroxides—are united in a single molecule by a patented process (U. S. Pat. 2,923,660). This chemical union makes possible a small, wafer-thin tablet that acts within seconds, providing therapeutic pH adjustment almost immediately.

**Dosage:** 1 or 2 tablets swallowed with water as required, or 1 or 2 teaspoonsfuls of suspension with water as required; preferably between meals and at bedtime.

### A NEW ADVANCE IN LIQUIDS, TOO... "RIOPAN" SUSPENSION

"RIOPAN" Suspension offers a welcome taste change—refreshingly cool, clean mint flavor with no aftertaste—and predictable buffering action, almost immediately providing a uniform, physiologic pH range in both large and small amounts of HCl, even with varying dosage.

**Supplied:** "RIOPAN" Tablets, No. 790—Each tablet contains 400 mg. Monalium hydrate (hydrated magnesium aluminate). Packages of 60 and 500 in individual film strips of 10 tablets.

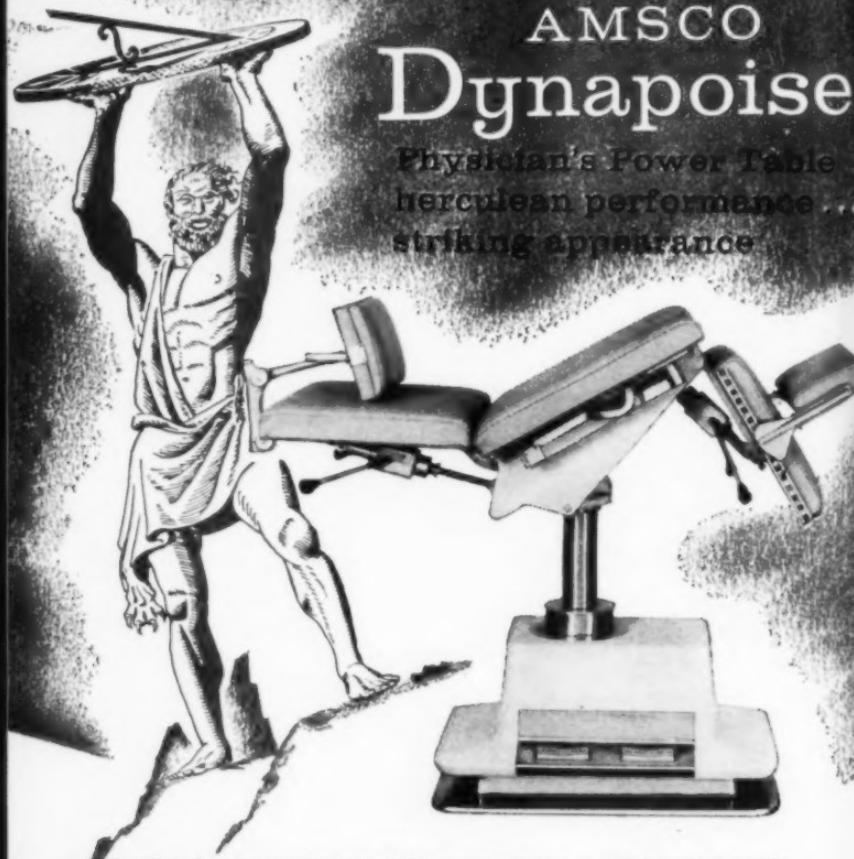
"RIOPAN" Suspension, No. 906—Each teaspoonful contains 400 mg. Monalium hydrate (hydrated magnesium aluminate). Bottles of 12 fluid-ounces.

**NOTE:** In peptic ulcer, and whenever continuous control of acidity is desired, many clinicians prefer to give antacid medication at hourly intervals throughout the day.

*An Innovation*

# AMSCO Dynapoise

Physician's Power Table  
herculean performance . . .  
striking appearance



Unmistakably professional in appearance — without equal in performance, Dynapoise saves time and energy. Its complete versatility of smooth power positioning will enable you to examine and treat **MORE** patients per office hour. Your patients will be more comfortable, relaxed, and responsive . . . and **YOU** will be less tired at the end of "hours."

This new powerized Examining and Treatment Table for office and clinic, is a logical projection of the continuing research that produced, and is producing, the world's most favored surgical operating tables.

Dynapoise is clearly destined to become "standard" for modern medical offices. May we suggest that you investigate its physician-oriented advantages . . . now? Mail the coupon for eight-page Brochure PD-703.



Low Position

Lateral Position



Pediatric

Proctology



Eye, Ear,  
Nose, Throat



Obstetric—  
Urology—  
Gynecology



Varicose Vein

*World's largest designer  
and manufacturer of Sterilizers,  
Operating Tables, Lights and  
related equipment*



**AMERICAN  
STERILIZER**  
ERIE - PENNSYLVANIA

• Please send illustrated Brochure PD-703 detailing full range of Dynapoise power positioning and time-energy saving features.

Name \_\_\_\_\_

Address \_\_\_\_\_

City and State \_\_\_\_\_

Mail to American Sterilizer Co., Erie, Pa.

to our sense of purpose, our vitality, and our creativity as a people. If we fail to meet this challenge, the strategems of the moment will not save us.

It would be easier for us to grasp this truth if we weren't so blessedly comfortable. Part of our problem is how to stay awake on a full stomach. Can we as a people, despite the narcotic of easy living and the endless distractions of a well-heeled society, respond with courage and dedication to the demands that history has placed upon us?

Some of the signs are not encouraging. Almost two centuries ago, the founders of this nation set out to show the world that free men could build a great civilization.

Today you may survey vast stretches of contemporary life without detecting any sign that Americans remember that high goal.

And yet, I believe that most Americans would welcome a new burst of moral commitment and an end to the apathy, indifference, and disengagement that have crept over the nation. *The best-kept secret in America today is that people would rather work hard for something they believe in than enjoy a pampered idleness.* It is a mistake to speak of dedication as a sacrifice.

Ask the physician at the height of his powers whether he would trade his life, with its eighteen-hour days, its midnight calls, its pressures and anxieties, for a life of idleness in tranquil surroundings. Ask the retired man whether he wouldn't trade his leisure for a job that would allow him to apply his full powers toward something he believed in. The religious

AN

10th

M

of DIAGN

The new  
thorough  
cent dia  
peutic o  
offers br  
with the  
subjects.  
sections  
As with  
dating b  
book's o  
vide the  
profession  
reference  
accurate  
mate the  
effective tr

The Merc  
lished by  
Dohme I  
tories, Di  
Co., Inc.,  
gram of s  
ical and a

USE CO  
YOUR

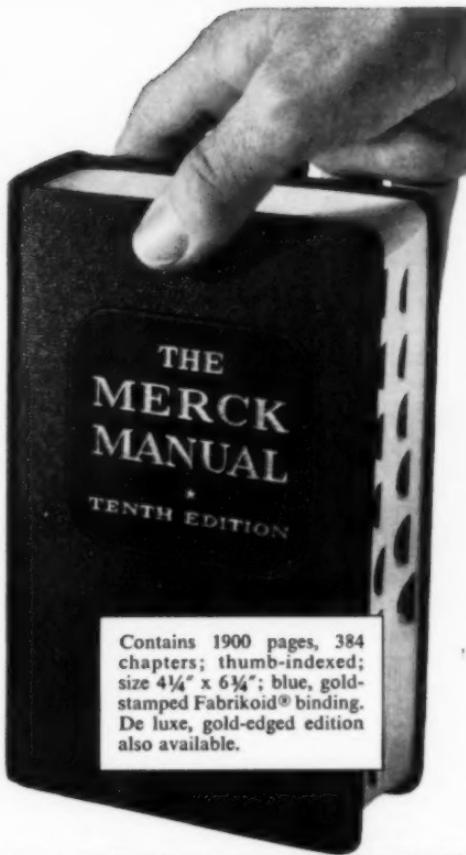
# ANNOUNCING the NEW 10th EDITION of **THE MERCK MANUAL**

of DIAGNOSIS and THERAPY

The new MERCK MANUAL is thoroughly in step with recent diagnostic and therapeutic developments. It offers broadened coverage with the addition of 20 new subjects. Each of its 21 main sections has been updated. As with previous editions dating back 60 years, the book's objective is to provide the medical and allied professions with a current reference so as to facilitate accurate diagnosis and promote the employment of effective treatment.

The Merck Manual is published by Merck Sharp & Dohme Research Laboratories, Division of Merck & Co., Inc., as part of a program of service to the medical and allied professions.

**USE COUPON TO PLACE  
YOUR ORDER NOW**



MERCK & CO., INC., Rahway, New Jersey, Dept. ME5  
Please send me a copy of the new 10th Edition of The  
Merck Manual. I will pay for book or return it within  
30 days after receipt.

- Regular edition \$7.50    De luxe edition \$9.75.  
 I enclose check for cost of book.  
 Bill me for cost of book.

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Zone \_\_\_\_\_ State \_\_\_\_\_

**PLEASE PRINT CLEARLY**

## Two exclusive developments of Roche Research

### **LIBRIUM** the successor to the tranquilizers

helps control the anxiety and tension so frequently associated with gastrointestinal disorders—without causing drowsiness

may be used with confidence: does not cause diarrhea or other undesirable effects in the digestive tract

### **QUARZAN** a superior new anticholinergic agent

offers effective antispasmodic-antisecretory action

produces fewer, less pronounced side reactions than other anticholinergic agents



Now combined for a single purpose:

**NEW**

LIBRIUM PLUS NEW QUARZAN



# **LIBRAX**

**CAUSE → EFFECT THERAPY IN  
GASTROINTESTINAL DISORDERS**

In peptic ulcers and other disturbances of the digestive tract, cause and effect often become indistinguishable. Emotional tension will precipitate organic symptoms, while organic symptomatology aggravates anxiety and tension. New LIBRAX now enables the physician to disrupt this vicious circle. Many patients can be satisfactorily maintained on LIBRAX alone. At the same time, dietary control and other medications may and should be continued, if indicated.

Clinical trials have established the value of Librax specifically in the following conditions:

|                  |  |
|------------------|--|
| Peptic ulcer     | Biliary dyskinesia                       |
| Hyperchlorhydria | Ulcerative or spastic colitis            |
| Gastritis        | Irritable or spastic colon               |
| Cardiospasm      | Other functional or organic disorders of |
| Pylorospasm      | the digestive tract                      |
| Duodenitis       |  |

Each Librax capsule provides

5 mg Librium hydrochloride and 2.5 mg Quarzan bromide.

Consult literature and dosage information, available on request, before prescribing.



**ROCHE**

LABORATORIES

Division of Hoffmann-La Roche Inc.

**LIBRAX™**

LIBRIUM® - 7-chloro-2-methylamino-5-phenyl-3H-1,4-benzodiazepine 4-oxide

QUARZAN® - 1-methyl-3-benzoyloxyquinuclidinium

precept that you must lose yourself to find yourself is no less true at the secular level.

Of course, we all have a certain skepticism about the expenditure of effort beyond that required by the exigencies of the system. Why should I put out more effort than I am being paid to put out? What's in it for me? These are questions born of deep habituation to the marketing of one's energies in return for the necessities of life. Nevertheless, for most people happiness is not to be found in a vegetative state but in *striving toward meaningful goals*. Happiness in the sense of total gratification is not a state to which man can aspire. It is for the cows, possibly for the birds, but not for us.

We want meaning in our lives. When we raise our sights, strive for excellence, dedicate ourselves to the highest goals of our society, we are enrolling in an ancient and meaningful cause—the age-long struggle of man to realize the best that is in him. The establishment of a durable peace, the preservation of a free society, the enrichment of the tradition on which freedom depends—these cannot be achieved by listless men.

Americans have not lost the gift for devoted action. But we have, to a considerable degree, lost the habit of asking for it or expecting it—or even understanding it. And if we go on as we are, we shall lose the gift itself: The qualities of mind and character that stamp a people are those the people recognize instantly and respect profoundly.

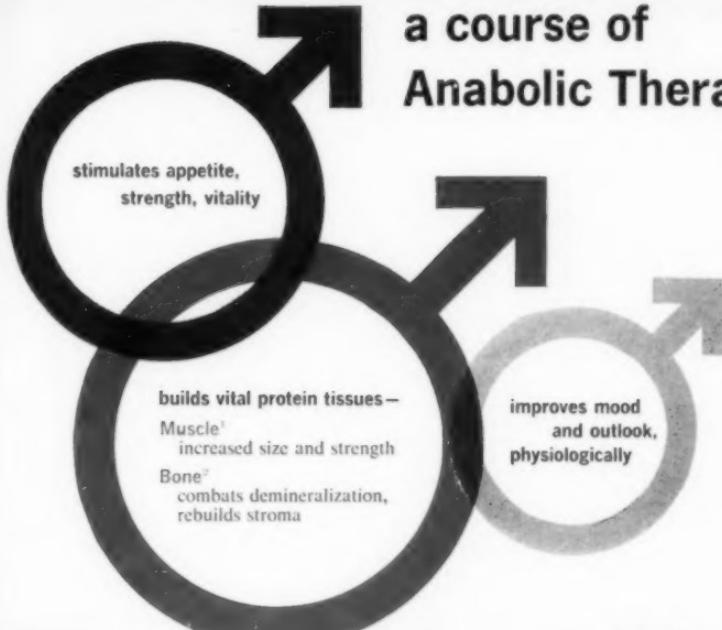
Of course, it's not easy today for the individual to see what he can do about the nation's problems. The

1. virt  
2. sust

Indica  
mamm  
catabo  
weekly  
weeks.  
lone [I  
New [I

1. Osol  
pensato  
cott, Ph  
Taylor,  
cal Pract  
Co., Ba

## a course of Anabolic Therapy



# Durabolin®

(nandrolone phenpropionate injection, Organon)

**the safest and most potent sustained anabolic therapy**

1. virtually free of virilizing effects  
2. sustained over 7-14 days

3. under your direct control  
4. no adverse effect on liver function

to improve mood and outlook; restore appetite, strength and vitality; relieve pain; stimulate gain in solid muscular weight; hasten recovery. Your patient feels better because he is better.

**Indications:** anorexia, chronic fatigue and post-viral debility, osteoporosis, mammary cancer, pre- and post-surgery, severe burns and trauma, and other catabolic conditions. **Dosage:** Adults: 50 mg., i.m.; then 25 to 50 mg., i.m., weekly for twelve weeks. Children: 2-13 years—25 mg., i.m., every 2 to 4 weeks. Infants: half children's dose. **Supplied:** DURABOLIN (25 mg. nandrolone phenpropionate/cc.) in 5-cc. vials and 1-cc. ampuls (box of 3). **New Durabolin-50** (50 mg. nandrolone phenpropionate/cc.) in 2-cc. vials.

1. Osol, A. and Farrar, G. E., Jr.: The Dispensatory of the U.S.A., ed. 25, J. B. Lippincott, Phila., 1955, p. 1392. 2. Best, C. H. and Taylor, N. B.: The Physiologic Basis of Medical Practice, ed. 7, The Williams and Wilkins Co., Balt., 1961, p. 1104.



Organon Inc., W. Orange, N. J.

tasks facing the frontiersman may have been grim and often frightening, but they were also obvious. But what does the individual in our society do about inflation, international organization, the balance of trade? Surely only great organizations can cope with such great issues.

To feel this way is disturbing when one recognizes the exhilarating effect of being needed and responding to that need—whether the need is within one's family, one's community, one's nation, or mankind. To be needed is one of the richest forms of moral and spiritual nourishment; and not to be needed is one of the most severe forms of psychic deprivation. A society that allows its young men and women to feel useless is not simply neglecting them; it is depriving them of a powerful spiritual tonic.

It is not wholly surprising, then, that a mood of aimlessness has settled over many young people. They are not to be blamed. Nothing captures their minds and their wills. Nothing spurs them to realize the best that is in them and to give that best in the service of something larger than themselves.

The truth is that we do need our young people. We need them desperately. Instead of scolding them for their lack of purposefulness, our national leaders might devote a little more imagination to telling them why they are needed. Why not tell them that we've got hold of a man-sized job and need help? Never in our history have we stood in such desperate need of young men and women of intelligence, imagination, and courage. Men of integrity, by their very existence, rekindle the belief that as a people we can live above

**THE BENEFITS OF  
SUSTAINED  
RELEASE IRON  
PLUS A FECAL  
SOFTENER**

**NEW**  
**FERRO-  
SEQUELS**

SUSTAINED RELEASE IRON CAPSULES **LEDERLE**

**TO MEET THE SPECIAL NEEDS OF  
PREGNANCY**

A rational approach to the increased iron needs and increased G.I. sensitivity of pregnant patients. Sustained timed action releases iron in the area of optimal uptake—primarily in the duodenum-jejunum, and some in the ileum. The possibility of G.I. irritation is reduced because ferrous fumarate is a better tolerated form of iron, and because the concentration of iron is never unduly high at any point. FERRO-SEQUELS also contain dioctyl sodium sulfosuccinate which helps soften stools for easier elimination.

Each two-tone, green FERRO-SEQUELS contains:

|  |         |
|--|---------|
| Ferrous fumarate (equivalent to 50 mg. elemental iron) ..... | 150 mg. |
| Dioctyl sodium sulfosuccinate .....                          | 100 mg. |

**Dosage:** 1 or 2 SEQUELS daily. **Supplied:** Bottle of 30.

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



the level of moral squalor. We need that belief; a cynical community is a corrupt community.

More than any other form of government, democracy requires a certain optimism concerning mankind. The best argument for democracy is the existence of men who justify that optimism. It follows that one of the best ways to serve democracy is to be that kind of man.

Just as there must be large numbers of people who are performing critical jobs with devotion and conviction, so there must be a widespread dedication to the goals of the society at large. But can Americans achieve enough agreement on their aims to act in concert? The answer is unequivocally yes. To be sure, it is not easy to suggest a long list of aims on which Americans would agree, but that is as it should be. We expect individual Americans to set their own priorities, not only in their personal lives but in matters affecting the common good. The result—up to a point—will be diversity of values, diversity of opinion, diversity of aims.

But beyond that point we have our shared aims. *We know what they are. We know that they are difficult. And we know that we have not achieved them.*

We want peace with justice; a world that doesn't live under the fear of the bomb; a world that acknowledges the rule of law; a world in which no nation can play bully. How many Americans would disagree with these purposes? Are they easy? Have we achieved them? Read your morning paper.

We want freedom. We don't think man was born to have someone else's foot on his neck—or someone

# 'Better Total Effect' In Pain-Relief FOLLOWING MINOR SURGERY

An important aspect to be considered in an analgesic is its *better total effect* on the patient experiencing pain. For years, the use of Anacin® after minor surgery has enjoyed wide preference among the profession. Anacin

Tablets provide rapid and protracted analgesia without the necessity of resorting to narcotics or barbiturates.

In addition, Anacin exceeds the benefits of plain aspirin or buffered aspirin by reducing tension, anxiety and inducing a more relaxed effect — thereby giving a *better total effect*.

Excellent tolerance with no gastric upsets.



Superior to aspirin  
or buffered aspirin



WHITEHALL LABORATORIES, NEW YORK, N.Y.

I know  
it is  
effective

The con-  
of Terra  
from its  
rapid ab-  
in body to  
urinary  
anti-infe-  
such a tr-  
Addition-  
the assur-  
exception

#### IN B

Cosa-T  
(Terra-  
mum al-

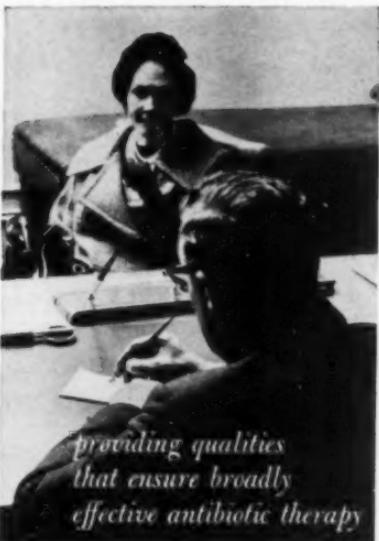
**INDICAT**  
tive ag-  
negativ  
large vi-  
pinwor  
a great  
ble orga-  
tory, g-  
tracts,  
ophthal-  
others.

**ADMINI**  
Gm. of  
doses is  
a larger  
dictated  
oxytetra-  
Certain

**SIDE EF**  
may all  
organism  
ant staph-  
medicati

Science for t

The continuing clinical effectiveness of Terramycin therapy derives as always from its proven antibiotic characteristics—rapid absorption; notably wide distribution in body tissues and fluids; high, active urinary concentrations; and a broad anti-infective spectrum embracing even such a troublesome organism as *Pseudomonas*. Additionally, Terramycin therapy provides the assurance of a 10-year record of exceptional toleration.



providing qualities  
that ensure broadly  
effective antibiotic therapy

## Cosa-Terramycin®

OXYTETRACYCLINE WITH GLUCOSAMINE

today's oral form of Terramycin

### IN BRIEF

Cosa-Terramycin provides oxytetracycline (Terramycin®) with glucosamine for maximum absorption.

**INDICATIONS:** Because oxytetracycline is effective against both gram-positive and gram-negative bacteria, rickettsiae, spirochetes, large viruses, and certain parasites (amebae, pinworms), Cosa-Terramycin is indicated in a great variety of infections due to susceptible organisms, e.g., infections of the respiratory, gastrointestinal, and genitourinary tracts, surgical and soft-tissue infections, ophthalmic and otic infections, and many others.

**ADMINISTRATION AND DOSAGE:** Adults: 1 Gm. of oxytetracycline daily in four divided doses is usually effective. In severe infections, a larger dosage (2-4 Gm. daily) may be indicated. Infants and children: 10-20 mg. of oxytetracycline per lb. of body weight daily. Certain diseases are treated in courses.

**SIDE EFFECTS AND PRECAUTIONS:** Antibiotics may allow overgrowth of nonsusceptible organisms—particularly monilia and resistant staphylococci. If this occurs, discontinue medication and institute indicated suppor-

tive therapy and treatment with other appropriate antibiotics. Aluminum hydroxide gel has been shown to decrease antibiotic absorption and is therefore contraindicated. Glossitis and allergic reactions are rare. There are no known contraindications to glucosamine.

**SUPPLIED:** *Cosa-Terramycin Capsules*, 250 mg. and 125 mg. Terramycin is also available in: *Cosa-Terrabon® Oral Suspension*, a palatable preconstituted aqueous suspension containing 125 mg. per 5 cc. teaspoonful, bottles of 2 oz. and 1 pint; *Cosa-Terrabon® Pediatric Drops*, a palatable preconstituted aqueous suspension containing 5 mg. per drop (100 mg. per cc.), bottle of 10 cc. with calibrated plastic dropper; and *Terramycin Intramuscular Solution*, conveniently preconstituted, in the new 10 cc. multi-dose vial, 50 mg. per cc., and in 2 cc. prescored glass ampules, containing 100 mg. or 250 mg., packages of 5 and 100. In addition, a variety of other systemic and local dosage forms are available to meet specific therapeutic requirements.

*More detailed professional information available on request.*

Bounce for the world's well-being® **Pfizer** PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc., Brooklyn 6, New York

else's hand over his mouth. We want freedom at home and a world in which freedom is possible. Who would disagree with that as a national aim? Who would call it easy? Who would say we've achieved it?

We are the declared enemies of all conditions, such as disease, ignorance, or poverty, that stunt the individual and prevent his fulfillment.

We believe in equality before the law, equal political suffrage, and—dearest of all to Americans—equality of opportunity.

These items do not exhaust the list. But they are enough to demonstrate the possibility of formulating aims on which large numbers of Americans can agree. And they suggest, too, that Americans concerned for the well-being of their society and the future of mankind have a heavy agenda. If Americans are to recapture a "sense of mission," these are some of the things that sense of mission should be about.

There is one more thing to be said about the aims I have listed: Almost every item on the list is so well known to Americans (if not always well understood), as to be taken for granted. But a characteristic of every item is that it *cannot* be taken for granted. To the extent that we have made progress on these matters, we have made it through fierce and faithful effort. And the same effort—the same measure of devotion—is required today. The fact that millions of men and women have died violent deaths defending the ideal of individual freedom does not insure the survival of that ideal. Unlike the great pyramids, the monuments of the spirit will not stand untended. They must be nourished in each generation by the alle-

Take  
a ren  
topic

Veriderm  
base clo  
tion of  
highly ef

Topical  
produces  
improve  
same tim  
condition  
greasy th  
a lotion,  
seborrhe  
anogenita

Available in  
0.25% — Each  
acetate 2.5 m  
zoate 1 mg.  
consisting of  
fatty acids, c  
cholesterol, a  
aromatic. (V  
For prophylax  
Medrol Acetate  
A prednisolone  
equivalent to  
Bulb-phenylpro  
posed of sat  
monocyclic un  
unsaturated in  
weight alcohol  
Medrol Acetate  
Administration  
to minimize th  
acetate is appli  
Application sh  
Once control  
frequency of a  
need to be  
intended to be  
for maintenance  
Contraindication  
tale or New Me  
of the skin and  
effete and sensi  
able for simple  
These prepara  
signs of irritatio  
should be disco  
diseases and  
antibiotic therapy  
Supplied in 5 Gr

Ve  
Medra

KOATE  
Neo-M  
ACETATE

COPYRIGHT, 1961  
TRADEMARK, RE

Upjohn

The Upjohn Co

## Take an "inside look" at a remarkable advance in topical steroid therapy

**Veriderm Medrol** consists of Veriderm, a base closely approximating the composition of normal skin lipids, and Medrol, highly effective corticoid.

Topical use of Veriderm Medrol Acetate produces symptomatic relief and objective improvement of dermatoses, and at the same time aids in correcting dry skin conditions. Veriderm Medrol Acetate, less greasy than an ointment, less drying than a lotion, is indicated in atopic, contact, or seborrheic dermatitis; neurodermatitis; anogenital pruritus; allergic dermatoses.

Available in four formulations: Veriderm Medrol Acetate 1.25% — Each gram contains: Medrol (methylprednisolone) 0.05 mg.; Neomycin Sulfate 5 mg.; Butylparaben 4 mg.; Propylene glycol 3 mg. in a skin lipid base composed of saturated and unsaturated free fatty acids; triglycerol and other esters of fatty acids; saturated and unsaturated hydrocarbons; free cholesterol; high molecular-weight alcohol; water and aromatics. (Veriderm Neo-Medrol Acetate 1% also available.)

For prophylaxis against secondary infection: Veriderm Neo-Medrol Acetate 0.25% — Each gram contains: Medrol (methylprednisolone) Acetate 2.5 mg.; Neomycin Sulfate 5 mg. equivalent to 3.5 mg. neomycin base; Butylparaben 4 mg.; Butylglycol 3 mg. in a skin lipid base composed of saturated and unsaturated free fatty acids; triglycerol and other esters of fatty acids; saturated and unsaturated hydrocarbons; free cholesterol; high-molecular-weight alcohol; with water and aromatics. (Veriderm Neo-Medrol Acetate 0.125% also available.)

**Administration:** After careful cleaning of the affected skin to minimize the possibility of introducing infection, a small amount of either Veriderm Medrol Acetate or Neo-Medrol Acetate is applied and rubbed gently into the involved areas. Application should be made initially once to three times daily. Once the condition has improved, with continued use, the frequency of application should be reduced to the minimum necessary to avoid relapses. The 1% preparation is recommended for beginning treatment and the 0.25% preparation for maintenance therapy.

**Contraindications:** Local application of Veriderm Medrol Acetate or Neo-Medrol Acetate is contraindicated in tuberculosis of the skin and in other cutaneous infections for which an effective antibiotic or chemotherapeutic agent is not available for simultaneous application.

These preparations are usually well tolerated. However, if signs of hypersensitivity appear, application should discontinue. If bacterial infection should develop during the course of therapy, appropriate local or systemic antibiotic therapy should be instituted.

Supplied in 5 Gm. and 20 Gm. tubes.

# Veriderm

Medrol<sup>†</sup>  
ACETATE

Neo-Medrol<sup>†</sup>  
ACETATE

COPYRIGHT, 1963, THE UPJOHN COMPANY  
TRADEMARK, REG. U. S. PAT. OFF.

**Upjohn**

The Upjohn Company, Kalamazoo, Michigan



giance of believing men and women. Every free man, in his work and in his family life, in his public behavior and in the secret places of his heart, should see himself as a builder and maintainer of the values of his society. Individual Americans—bus drivers and editors, grocers and senators, beauty operators and ballplayers—can contribute to the greatness and strength of a free society, or they can help it to die.

I once asked a highly regarded music teacher what was the secret of his extraordinary success with students. He said, "First I teach them that it is better to do it well than to do it badly. Many have never been taught the pleasure and pride in setting standards and then living up to them."

Standards! That is a word for every American to write on his bulletin board. We must face the fact that there are a good many things in our character and in our national life that are inimical to standards—laziness, complacency, the desire for a fast buck, the American fondness for short cuts, reluctance to criticize slackness, to name only a few. But every thinking American knows in his heart that we must sooner or later come to terms with these failings. Before us is the prospect of changes more ominous than any we have known. They will require the wisest possible leadership. But they will also require competence on the part of individuals at every level of our society.

The importance of competence as a condition of freedom has been widely ignored (as some newly independent nations are finding to their sorrow). An amiable fondness for the graces of a free society is not enough. Keeping a free society free—and vital

h  
a  
sp  
ge

would  
want

rem  
well t

p

Nor is  
ATARAX  
outstan  
needs o  
pairing  
anxious

Dosage:  
over 6 yr  
bottles of  
Also ava  
Reference  
Geriatric

# How would you design a tranquilizer specifically for geriatric patients?



wouldn't you  
want it to be:

see how closely these ATARAX  
advantages meet your standards

efficacious

ATARAX "... seems to be the agent of choice in patients suffering from removal disorientation, confusion, conversion hysteria and other psychoneurotic conditions occurring in old age."<sup>1</sup>

remarkably  
well tolerated

"No untoward effects on liver, blood, and nervous system were observed."<sup>2</sup>

palatable

Delicious syrup pleases patients who resist tablets.

Nor is that all ATARAX has to offer. When elderly patients require surgery, ATARAX provides effective preanesthetic adjunctive therapy. In fact, though outstandingly useful in geriatric patients,<sup>1,2</sup> ATARAX equally well meets the needs of disturbed children and tense working adults (it calms, seldom impairing mental acuity). Why not extend its benefits to *all* your tense and anxious patients?

**Dosage:** For adults: 25 mg. t.i.d. to 100 mg. q.i.d. For children: under 6 years, 50 mg. daily; over 6 years, 50-100 mg. daily; in divided doses. **Supplied:** Tablets 10 mg. and 25 mg., in bottles of 100 and 500. Tablets 100 mg., in bottles of 100. Syrup 2 mg./cc., in pint bottles.

**Also available:** Parenteral Solution. Prescription only.

**References:** 1. Smigel, J. O., et al.: J. Am. Geriatrics Soc. 7:61 (Jan.) 1959. 2. Shalowitz, M.: Geriatrics 11:312 (July) 1956.

**ATARAX®**  
(brand of hydroxyzine HCl)      PASSPORT TO TRANQUILITY



New York 17, N. Y.  
Division, Chas. Pfizer & Co., Inc.  
Science for the World's Well-Being®

VITERRA® Capsules—Tastitabs®—Therapeutic Capsules for vitamin-mineral supplementation

# miscar



A "localized capillary syndrome, associated with hemorrhage... actually serves to signal the threat of abortion."<sup>1</sup>

Correction of abnormal capillary fragility "decreases the possibility of retroplacental hemorrhage, or enhances the efficacy of established therapeutic regimes."<sup>4</sup>

C.V.P. helps to diminish abnormal capillary permeability, fragility and hemorrhage by acting to maintain and restore the integrity of placental capillaries.

Each C.V.P. capsule or each 5 cc. of syrup provides:

Citrus Bioflavonoid Comp. . 100 mg.  
Ascorbic Acid (vitamin C) . 100 mg.

Bottles of 100, 500 and 1000 capsules;  
4 oz., 16 oz. and gallon syrup.

**duo-C.V.P.** (double strength) provides  
in each capsule 200 mg. of  
citrus bioflavonoid compound and 200 mg.  
of ascorbic acid.

**references:** 1. Taylor, F. A.: West. J. Surg., Obstet. & Gynec. 64:280, 1956. 2. Ainslie, W. H.: Obstet. & Gynec. 13:185, 1959. 3. Pearce, H. A., and Trisler, J. D.: Clin. Med. 4:1061, 1957. 4. Greenblatt, H. B.: Obstet. & Gynec. 2:530, 1953.

amples and  
S. vita  
ington-Fu  
50 East 43rd

# refuge... or carriage?

*in threatened or habitual aborters*

*...3 out of every 4 given CVP or duo-CVP  
had live healthy babies<sup>1,2,3</sup>*

# CVP®

**the exclusive water-soluble  
citrus bioflavonoid compound  
with ascorbic acid**

amples and literature from

**A. S. vitamin & pharmaceutical corporation**

Washington-Funk Laboratories, division

50 East 43rd Street, New York 17, New York

and strong—is no job for the half-educated and the slovenly. Free men must be competent men.

But excellence implies more than competence. And those who are most deeply devoted to a democratic society must be precisely the ones who insist upon excellence, who insist that free men are capable of the highest standards of performance and that a free society can be a great society. The idea for which this nation stands will not survive if the highest goal free men can set themselves is an amiable mediocrity.

We are just beginning to understand that free men must set their own difficult goals and must be their own hard task-masters. There is no one to tell them what to do; they must do it for themselves. They must cherish what Whitehead called "the habitual vision of greatness."

Today any reference to the weaknesses of our society is seen in the context of our international rivalries of the moment. But long, long before such rivalries were formed, we were committed, as free men, to the arduous task of building a great society—not just a strong one, not just a rich one, but a great society. This is a pact we made with ourselves.

De Tocqueville was not speaking rhetorically when he said, ". . . there is nothing more arduous than the apprenticeship of liberty." And he might have added that the apprenticeship is unending—the unchanging requirement of a free society's survival is that each generation rediscover this truth. As Chesterton put it, "The world will never be safe for democracy—it is a dangerous trade."

But who ever supposed that it would be easy? END

for y

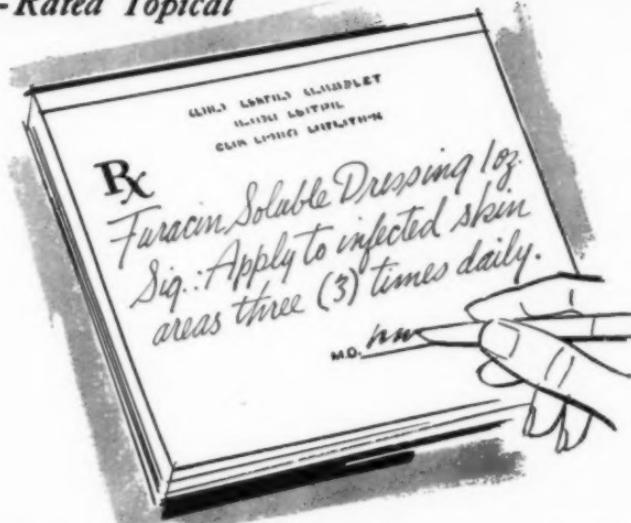


was atten  
tions wit  
In the ov  
Cream or  
furuncul  
Hypersen  
mended  
active vas  
Weiner, A. L.  
• broad  
• has no  
• does no  
acting, eve  
• Soluble  
• Solution  
hydrocortis  
formulatio



EATON  
Division  
NORW

## Top-Rated Topical



for your treatment table...for your prescription use



EFFECTIVE AND SAFE FOR CUTANEOUS BACTERIAL INFECTIONS—*Impetigo* and *pyoderma* responded promptly to FURACIN: "treatment was usually necessary for only several days or one week at most." There was a low incidence of hypersensitivity: only 1 reaction among the 92 FURACIN-treated patients with these conditions. Application of FURACIN to *infected, chronic leg ulcers*, "previously resistant to many types of treatment, was attended by marked clearing of the infection and healing of the ulcerations without any adverse reaction."

In the over-all group of 212 dermatologic patients, FURACIN (Soluble Dressing, Cream or Solution, applied three times daily) was also successful in treating *furunculosis*, *folliculitis*, *pustular acne*, *sycosis vulgaris barbae*, and *ecthyma*. Hypersensitivity may be minimized by limiting application to "the recommended five-to-seven-day period," particularly "in lesions overlying a large, active vascular bed. . . ."

Weiner, A. L., and Fixler, Z. C.: J.A.M.A. 189:346, 1959.

- broad bactericidal range includes certain stubborn staphylococcal strains
- has not developed significant resistance • nontoxic and nonirritating
- does not retard epithelization • low sensitization rate • stable and long-acting, even in exudates
- Soluble Dressing • Soluble Powder
- Solution • Cream • HC Cream (with hydrocortisone) • and other special formulations for every topical need

# FURACIN

brand of nitrofurazone

 EATON LABORATORIES  
Division of The Norwich Pharmacal Company  
NORWICH, NEW YORK

## Corticotherapy in brief

Disease:

## Rheumatoid arthritis

### Use of oral Medrol:

In severe or moderately severe cases, initial dosage of Medrol tablets is 8 to 16 mg. daily; maintenance dosage ranges from 4 to 12 mg. daily, adjusted stepwise every 5 to 10 days in accordance with response. In children, and also in adults with moderate disease, both initial and maintenance dosage is Medrol 4 to 8 mg. daily.

*"It [methylprednisolone] is potent and displays a slightly improved 'safety' record, showing a reduced frequency of disturbing side-effects as compared with the other steroids."*

—Neustadt, D. H.: J.A.M.A. 170:1253 (July 11) 1959.

**Medrol®** Upjohn  
75th year

#### Indications and effects

Medrol benefits (anti-inflammatory, anti-allergic, antirheumatic, antileukemic, antihemolytic) have been demonstrated in acute rheumatic carditis, rheumatoid arthritis, asthma, hay fever and allergic disorders, dermatoses, blood dyscrasias, and ocular inflammatory disease involving the posterior segment.

#### Precautions and contraindications

Because of Medrol's high therapeutic ratio, patients usually experience dramatic relief without developing such possible steroid side effects as gastrointestinal intolerance, weight gain or weight loss, edema, hypertension, acne, or emotional imbalance.

As in all corticotherapy, however, there are certain cautions to be observed. The presence of diabetes, osteoporosis, chronic psychotic reactions, predisposition to thrombophlebitis, hypertension, congestive heart failure, renal insufficiency, or active tuberculosis necessitates careful control in the use of steroids. Like all corticosteroids, Medrol is contraindicated in patients with arrested tuberculosis, peptic ulcer, acute psychosis, Cushing's syndrome, herpes simplex keratitis, vaccinia, or varicella.

Each tablet contains: Medrol (methylprednisolone), . . . . 2, 4, or 16 mg. Medrol is supplied as 2 mg. tablets in bottles of 30 and 100; as 4 mg. tablets in bottles of 30, 100 and 500; and as 16 mg. tablets in bottles of 50.

Narrowing of  
proximal  
interphalangeal  
joint spaces  
in early stage  
of rheumatoid  
arthritis



Page  
proc  
ence  
nom  
Sup  
  
Abbott  
Com  
Ameri  
Ams  
Imes  
Clini  
Kroun  
Chyr  
Pleg  
Pren  
  
Hilop  
Thio  
  
Birche  
Hyfe  
Dordr  
Meth  
Brean  
Bron  
Bristol  
Salut  
Burrou  
Corti  
Neos  
Polys  
  
Ciba Ph  
Ciba  
  
Doride  
Serpa  
Colwell  
Daily  
  
Bristol  
Destin  
Forsey L  
Wilpo  
  
Iaton La  
Furaci  
Furox  
Triceo  
Endo La  
Counra  
Erdman  
Erdma  
  
Meet Co.  
Fleet E  
Fleet C  
Julier Ph  
Therap  
  
Geigy Ph  
Tandea  
Tofran

# Index of advertisers

Medical Economics, June 5, 1961

Page numbers in parentheses refer to product listings in Physicians' Desk Reference, published annually by Medical Economics, Inc. "Supp." stands for the Supplement to PDR, issued quarterly.

## Abbott Laboratories

Comocillin-VK (PDR 503) ..... 228, 229  
American Sterilizer Company

Amico Dynapoise Table ..... 254, 255

## Ames Company, Inc.

Clinitest (PDR 516) ..... 146

## Armour Pharmaceutical Company

Chymoral (PDR 521) ..... 42

## Bayer Laboratories

Plegine (PDR Supp.) ..... 174, 175

Premarin (PDR 529, 530) ..... 175

Insert between 134-135

Riofan (PDR 530) ..... 253

Thiosulfate Forte (PDR 531) ..... 222, 223

## Bircher Corp., The

Hyfreated Products ..... 207

## Borden Company, The

Methakote (PDR 536) ..... 33

## Breon Laboratories, Inc.

Bronkometer (PDR Supp.) ..... 177

## Bristol Laboratories

Salutensin (PDR 547) ..... 148, 149

## Burroughs Wellcome & Co., Inc.

Cortisporin (PDR 550) ..... 14

Neosporin (PDR 552) ..... 14

Polysporin (PDR 552) ..... 14

## Ciba Pharmaceutical Products, Inc.

Ciba Report ..... 151, 153, 154, 155, 156,

157, 158, 159, 160, 161, 162

Doridene (PDR 561) ..... 46, 47

Serpasil (PDR 570) ..... 224

## Colwell Company, The

Daily Log ..... 196

## Destin Chemical Company

Destin Hydrocortisone Cream ..... 147

## Deseray Laboratories

Wilpo ..... 195

## Eaton Laboratories

Furacin (PDR 583) ..... 275

Furokone Liquid (PDR 584) ..... 144

Tricofuron (PDR 584) ..... 73

## Endo Laboratories

Coumadin (PDR 585) ..... 61

Erdman & Associates, Inc., Marshall

Erdman Medical Buildings ..... 191

## Fleet Co., Inc., C. B.

Fleet Enema (PDR 588) ..... 188, 189

Fleet Oil Retention Enema (PDR 588) ..... 131

## Fulmer Pharmaceutical Company

Therapads ..... 235

## Geigy Pharmaceuticals, Inc.

Tandearil (PDR Supp.) ..... 63

Tofranil (PDR 593, 594) ..... 27

## Lederle Laboratories

Aristocort (PDR 610, 611) ..... 214, 215

Bamadex Sequels ..... 258, 259

Declomycin (PDR 612) ..... 173

Ferro-Sequela (PDR Supp.) ..... 263

Pathibamate 200/400 (PDR 616) ..... 132

Trepidone ..... 125, 126, 127

Varidase Buccal Tablets (PDR 619) ..... 193

## Lilly Company, Eli

Haldrone ..... 204, 205

Lorillard Company, P.  
Kent Cigarettes ..... 226

## McNeil Laboratories, Inc.

Butibed (PDR 643) ..... 239

Nactisol ..... 182, 183

Parafon Forte (PDR 645) ..... 24, 25

## Maltbie Laboratories, Div.

Wallace & Tiernan, Inc.

Dornval (PDR 639) ..... 251

Massachusetts Indemnity and Life Ins. Co.

Disability Income Policies ..... 167

Medical Protective Company, The

Professional Liability Individual

Insurance ..... 137

Merck & Co., Inc.

The Merck Manual ..... 257

Merck Sharp & Dohme (Div. of Merck

& Co., Inc.)

Decadron (PDR 652) ..... 212

Elavil ..... 231, 232, 233

Cyclex (PDR 651) ..... 165

Hydroptides (PDR 656) ..... 58, 69

Neo-Decadron Ophthalmic

Solution (PDR 657) ..... 140

Tetrazeta (PDR 659) ..... 116

Merrell Co., Wm. S.

Mer/29 (PDR 662) ..... 118, 119

Tenuate (PDR 663) ..... IFC

Tenuate Dospan (PDR Supp.) ..... IFC

Mulford Colloid Laboratories

Anergex (PDR 665) ..... 41

Nicholas-Glynn Laboratories

Chocolate Zymenol (PDR 667) ..... 21

Organon, Inc.

Durabolin (PDR 671) ..... 261

Parke, Davis & Company

Chloromyctein (PDR 676) ..... 30, 31

Dilantin Sodium Kapsels

(PDR 677) ..... 64, 65

Norlurate ..... 244, 245

Pelton & Crane Co., The

Omni-Clave ..... 22

Pfizer Laboratories

Bonine (PDR 684) ..... 48

Terra Cortril (PDR 686) ..... 218, 219

Cosa-Terramycin (PDR 686) ..... 266, 267

Urobiotic (PDR 688) ..... 122, 123

Vistaril (PDR 688) ..... 12, 13

Physicians' Desk Reference ..... 234

Procter & Gamble Company

Ivory Soap ..... BC

Professional Printing Company

Histacount Products ..... 163

## ...Index of advertisers

|   |          |          |
|---|----------|----------|
| <b>Reed &amp; Carnick</b>                       |          |          |
| Alphysol (PDR 695)                              |          |          |
| Sebical (PDR 695)                               |          | 186      |
| Tarcortin (PDR 695, 696)                        |          |          |
| <b>Research Supplies</b>                        |          |          |
| Glukor (PDR 697)                                |          | 172      |
| <b>Robins Company, Inc., A. H.</b>              |          |          |
| Ambar Extentabs (PDR 702)                       | 142, 143 |          |
| Dimetane Extentabs (PDR 702, 703)               | 36, 37   |          |
| Pabalate  |          |          |
| Pabalate-HC                                     |          | 55       |
| Pabalate-Sodium Free                            |          |          |
| Phenaphen                                       |          |          |
| Phenaphen with Codeine                          |          | 28, 29   |
| <b>Roche Laboratories</b>                       |          |          |
| Librax  |          | 258, 259 |
| Librium (PDR 708)                               |          | 8        |
| Roniacol Timespan Tablets                       |          |          |
| (PDR Supp.)                                     |          | 138, 139 |
| <b>Roerig &amp; Co., Inc., J. B.</b>            |          |          |
| Atarax (PDR 714)                                |          | 271      |
| <b>Rorer, Inc., Wm. H.</b>                      |          |          |
| Maalox (PDR 716)                                |          | 203      |
| <b>Sanborn Company</b>                          |          |          |
| Electrocardiograph Service                      |          | 178      |
| <b>Sandoz Pharmaceuticals</b>                   |          |          |
| Mellaril (PDR 720)                              |          | 34, 35   |
| <b>Schering Corporation</b>                     |          |          |
| Celestone                                       |          | 248, 249 |
| Metretone (PDR 724)                             |          | 136      |
| Polaramine (PDR 725)                            |          | 67       |
| Relia (PDR 725)                                 |          | 44, 45   |
| Sigmatone (PDR 725)                             |          | 10       |
| <b>Schmid, Inc., Julius</b>                     |          |          |
| Ramsons (PDR 728)                               |          | 129      |
| <b>Scholl Mfg. Co., Inc., The</b>               |          |          |
| Arch Supports                                   |          | 196      |
| <b>Searle &amp; Co., G. D.</b>                  |          |          |
| Aldometazide (iron Supp.)                       |          | 210, 211 |
| <b>Sherman Laboratories</b>                     |          |          |
| Protamide (iron 731)                            |          | 176      |
| <b>Shield Laboratories</b>                      |          |          |
| Bisaid (iron 731)                               |          | 289      |
| <b>Simmons Company, The</b>                     |          |          |
| Back Care With Built-In Bedboard                |          | 236      |
| <b>Spencer Industries</b>                       |          |          |
| Universal II Rolling Mattress                   |          |          |
| Signs   |          | 239      |
| <b>Squibb &amp; Sons, E. R.</b>                 |          |          |
| Dolobutin (PDR 743)                             |          | 57       |
| <b>Strasenburgh Laboratories</b>                |          |          |
| Engran (PDR Supp.)                              |          | 111      |
| Kenacort (PDR 752 & Supp.)                      |          | 43, 19   |
| Pentids (PDR 757)                               |          | 169, 21  |
| Rautrax-N (PDR 758)                             |          | 22       |
| <b>United States Brewers Association, Inc.</b>  |          |          |
| Beer  |          |          |
| <b>U. S. Vitamin &amp; Pharmaceutical Corp.</b> |          |          |
| CVP (PDR 775)                                   |          | 272, 273 |
| duo-CUP   |          |          |
| <b>Upjohn Co., The</b>                          |          |          |
| Cytran (PDR 782)                                |          |          |
| Didrex (PDR Supp.)                              |          |          |
| Medrol (PDR 786)                                |          | 27       |
| Medrol Medules (PDR 786)                        |          |          |
| Orinase (PDR 789)                               |          | 180      |
| Provera (PDR 791)                               |          | 21       |
| Veriderm (PDR 793)                              |          | 26       |
| <b>Wallace Laboratories</b>                     |          |          |
| Deprol (PDR 797)                                |          | 17       |
| Meprospan-400 (PDR 797)                         |          |          |
| Milpath (PDR 797)                               |          | 18       |
| Milpren (PDR 797)                               |          | 20       |
| Miltown (PDR 797)                               |          |          |
| Soma (PDR 797)                                  |          | 74, 75   |
| Soma Compound (PDR 798)                         |          |          |
| <b>Warner-Chilcott Laboratories</b>             |          |          |
| Coly-Mycin                                      |          | 246, 25  |
| Proloid (iron 801)                              |          |          |
| Tetral S.A.                                     |          | 18       |
| <b>Warren-Teed Products Company, The</b>        |          |          |
| Localm-Bromel (iron Supp.)                      |          | 20       |
| <b>Welch Allyn, Inc.</b>                        |          |          |
| W-A 717 Handles                                 |          |          |
| <b>Weston Laboratories, Inc.</b>                |          |          |
| Fertility Tester                                |          |          |
| <b>Westwood Pharmaceuticals</b>                 |          |          |
| Foster (iron 804)                               |          |          |
| <b>White Laboratories, Inc.</b>                 |          |          |
| Entagard (iron Supp.)                           |          |          |
| Mid-Iron Chromosules (iron Supp.)               |          |          |
| <b>Whitehall Laboratories</b>                   |          |          |
| Anacin  |          |          |
| <b>Whitthrop Laboratories</b>                   |          |          |
| PTI-5000, PTI-5000A, PTI-5000B                  |          |          |
| <b>Wyeth Laboratories</b>                       |          |          |
| Oxazine M Insert between 198-                   |          |          |

For new  
conditions

Xem



*Now more effective analgesic*

## Kills pain.....stops tension

For neuralgias, dysmenorrhea, upper respiratory distress and postsurgical conditions—new compound gives more complete relief than other analgesics

*An all nonnarcotic analgesic*

**soma Compound**

# New findings show a mild soap can be advised in cases of CONTACT DERMATITIS

*One in a series . . . a doctor  
speaks his mind on soap*

A recent controlled study indicates that pure, mild soap is not harmful during standard treatment of contact dermatitis (dermatitis venenata) and other eczemas\*. The report on this study comments:

"... it would seem of practical advantage to permit the use of soap in the management of patients with eczemas without fear of adversely influencing the course of the disease."

Management of Patients with Eczematous Diseases,  
J.A.M.A., 173:11, pp. 1196-1198, (July 16), 1960.

The soap used in this study was Procter & Gamble's Ivory. In its formulation, every possible precaution is taken to keep Ivory free from impurities that might disturb normal skin or aggravate eczematous skin.

More than 230 quality control checks are made to guard its purity and mildness. You can advise Ivory with confidence.

*99 1/100% pure® . . . it floats*

\*Neurodermatitis, eczematous hand dermatitis, infantile eczema

